
**Summary of Final Evaluation Findings
from FY 1989**

Demonstration Partnership Program Projects

Contract Number: HHS-233-91-0003

by

Case Manager

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Administration for Children and Families
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The descriptions of programs on the following pages are not all inclusive. Further, the views and opinions expressed are solely those of the authors and do not-necessarily constitute an endorsement, real or implied, by the U.S. Department of Health and Human Services.

INTRODUCTION

The Office of Community Services Administration on Children and Families in the Department of Health and Human Services administers the Demonstration Partnership Program.

The Demonstration Partnership Program, under Section 408 of the Human Services Reauthorization Action of 1986, authorizes a demonstration program to operate in conjunction with, the Community Services Block Grant Program with the unique purpose of developing and implementing new and innovative approaches in dealing with the particularly critical needs of the poor that are common to a number of communities. The objectives of the program are to:

- Stimulate eligible entities (mainly Community Action Agencies) to develop new approaches to provide for greater self-sufficiency for the poor;
- Test and evaluate the new approaches;
- Disseminate project results and evaluation findings so that the new approaches can be replicated; and
- Strengthen the ability of eligible entities to integrate, coordinate, and redirect activities to promote maximum self-sufficiency among the poor.

Demonstration Partnership grants are made for projects that are:

- Innovative and can be coordinated with a grantee's ongoing programs;
- Involve significant new combinations of resources including partnerships with other community agencies;
- Are potentially replicable; and
- Are evaluated by a third party, the results of which are disseminated to approximate entities.

Since **1987**, **60** grants have been awarded under the program addressing a range of issues. Grants funded to date have encompassed microbusiness development/self-employment, minority youth life skills, case management, comprehensive integrated services, and teenage parenting. The target populations have included female heads of households, young minority males, school-aged youth "at-risk," families, **low**-income women, and homeless families and individuals. As the program continues into the **1990's**, issues and target populations will be expanded and promising models will be considered for replication.

For further information regarding the Demonstration Partnership Program, contact the **Office** of Community Services at (202) **401-2333**.

FOREWORD

Twenty-five years ago, with the passage of the Economic **Opportunity** Act, a network of 900 **community**-based organizations, called "Community Action Agencies (**CAAs**)," was created to help low-income families and individuals become more self-sufficient. The **CAA's**, unlike other social welfare agencies, were to focus on the causes, rather than the symptoms of poverty.

Throughout the years, the **CAAs** have been involved in apprising low-income individuals of the benefits and services for which they are eligible, and in helping other Federal and State agencies to deliver these services. They have helped thousands of low-income persons to become self-supporting. Recently, the Congress passed the Family Support Act, reflecting a bipartisan consensus on the need for turning a welfare system with a minor work component into a system where the goal is **first** and foremost to help poor persons become self-supporting.

It was in this climate that the Demonstration Partnership Program (DPP) was born. Community action agencies were asked to develop, test, and evaluate, in partnership with other local organizations, new approaches to provide for greater self-sufficiency of the poor. The DPP has served as a laboratory for the entire CAA network.

All of the demonstration projects focus on developing new ways of promoting individual and family **self**-sufficiency through the development of innovative approaches. **This** ability to identify a *need* and demonstrate a new way to meet that need is community action's greatest strength and its greatest challenge.

In fiscal years 1987 through 1991, 60 demonstration grants were made in a wide range of programs including small business ventures with technical assistance and access to a loan fund; intensive case management, job creation, and job training; and early intervention programs. **The** client populations included such diverse groups as teen-aged parents, minority males, families, homeless families and individuals, LIHEAP recipients; public housing and Section 8 housing clients, and food basket recipients.

The DPP represents the first appearance of a formal research and development component in the community services block grant. Federal guidelines required the projects to include a strong third-party evaluation component. Thus, it should be possible to make a scientifically valid determination of what works and is worthy of replication and what does not work. It is **OCS's** intent carefully to assess project results, and aggressively publicize successful models.

FOREWORD

The chapters included here are summaries of the final process and outcome evaluations that were prepared by the third-party evaluators and community action agencies. The complete evaluation is on file in the local agency.

The purpose of this monograph is to capture those experiences and lessons learned and to make them available to other entities that are interested in improving the services and opporhmities available to **low-income** people.

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Table of Contents

	<u>Page Number</u>
Preface	
Section I:	CASE MANAGEMENT FAMILY INTERVENTION COMPONENT -- RURAL
Chapter 1:	Family Self-Sufficiency Project Mid-Iowa Community Action Marshalltown , Iowa 1-1
Chapter 2:	Self-Sufficiency Plus Bi-County Community Action Programs, Inc. Bemidji, Minnesota 2-1
Section II:	CASE MANAGEMENT COMPONENT -- URBAN
Chapter 3:	Family Self-Sufficiency Project Knoxville-Knox County Community Action Committee Knoxville, Tennessee 3-1
Chapter 4:	Operation Community Uplift Clackamas County Social Services Division Oak Grove, Oregon 4-1
Section III:	MICRO-BUSINESS AND SELF-EMPLOYMENT
Chapter 5:	Operation INC (Incubator for New Companies) West Central Missouri Community Action Agency Appleton, Missouri 5-1
Chapter 6:	Partners In Progress Community Action Agency of South Central Michigan Battle Creek, Michigan 6-1
Chapter 7:	Capital Opportunities District IX Human Resources Development Council, Inc. Bozeman, Montana 7-1

Table of Contents (Continued)

Chapter 8:	Bright Center Demonstration Partnership Project North Coast Opportunities, Inc. Ukiah, California	8-1
SECTION IV:	CASE MANAGEMENT, JOB SKILLS, AND PLACEMENT	
Chapter 9:	Project HOPE • Headstart Opportunities for Parents Through Employment Columbus Metropolitan Area Community Action Organization Columbus, Ohio	9-1
SECTION V:	EARLY PREVENTION -- HIGH SCHOOL YOUTH AT RISK	
Chapter 10:	Partnership for Youth Self-Sufficiency Community Action Partnership Bureau County of San Diego Department of Social Services San Diego, California	10-1
Chapter 11:	At-Risk Youth Demonstration Project Yolo County Community Partnership Agency Yolo, California	11-1
SECTION VI:	HOMELESS INDIVIDUALS AND FAMILIES	
Chapter 12:	Project Independence City of Alexandria, Department of Human Services, Division of Economic Opportunities Alexandria, Virginia	12-1
Chapter 13:	Homeless Family Self-Sufficiency Project Multnomah County Department of Social Services Portland, Oregon	13-1
Chapter 14:	Homeless Employment Partnership Metropolitan Development Council Tacoma, Washington	14-1

Section I

CASE MANAGEMENT FAMILY INTERVENTION COMPONENT
-- RURAL

Chapter I

Family Self-Sufficiency Project

Mid-Iowa Community Action

Marshalltown, Iowa

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

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Project Type: Family Case Management

Project Title: Family Self-Sufficiency Project

Model: Matched Study Area Comparison Group Design

Project Period: June 1989 to May 1991

I. **Background**

A. **Purpose of the Program**

The **MICA/DHS** Demonstration Partnership Program was a joint activity of Mid-Iowa Community Action (MICA) and the Iowa Department of Human Services (DHS). The program was funded by the Office of Community Services, Family Support Administration, U.S. Department of Health and Human Services. An emerging concept in the field of social service is "family empowerment." The basic idea is to enable families to move toward self-sufficiency with interventions that emphasize families' strengths and encourage goal setting by families that will move them away from dependency, thus breaking the cycle of poverty. The purpose of this project was to demonstrate the effectiveness of a family empowerment strategy in increasing the self-sufficiency of Aid to Families with Dependent Children (AFDC) recipients. The strategy consisted of three developmental interventions:

- nurturing interviews by DHS;
- family development intervention by MICA; and
- monthly joint **staffings** of DHS and MICA.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

These components were coordinated and implemented by DHS and MICA in four target counties in Iowa (**Hardin**, Marshall, Poweshiek, and **Tama**). The hypothesis tested in the project was that new APDC recipients who participated in the Demonstration Partnership Program would require fewer months on **AFDC** and would consume a small proportion of the maximum possible APDC benefits (based on family size) during assistance.

The first component of the **MICA/DHS** Partnership Program was the "**nurturing** interview" conducted by DHS Income Maintenance (**IM**) workers. The idea was to help the IM workers change their focus from **AFDC** eligibility to guiding the family's focus toward goal-setting and a life not dependent on **AFDC**. These **nurturing** interviews were designed to create an atmosphere of rapport and trust between the DHS worker and the family, thus allowing the worker to identify and validate the applicant's competencies and challenge the applicant's selfdoubts and low self-esteem. The worker also explained to the applicant how participation in the DHS-MICA Partnership could facilitate movement towards. self-sufficiency.

The second component was MICA's family development intervention. **This** was based on a specific model of intensive case management characterized by an intense relationship between each family and a family development specialist. **The** specialists were trained in the following skills:

- listening actively;
- assessing family strengths and needs;
- focusing family strengths;
- teaching goal-setting skills; and
- encouraging the family to achieve the developmental goals they set for themselves.

Once the developmental goals were established, the specialists supported the families in the implementation of their plans and assisted in evaluating progress toward goal achievement and replanning if needed. The specialists were also trained to teach family members how to find and use resources and establish support networks with individuals, organizations, and institutions in the community. These intervention sessions occurred in the families' homes. Client participation was on a voluntary basis.

The third component of this program was the joint DHS and MICA **staffing**. The monthly joint **staffings** were attended by the appropriate DHS and MICA staff members. Each agency shared information they had on each family's status, discussed their insights and provided feedback to the other agency, and suggested possible referral resources.

The focus of the evaluation was on the group of families that participated in the Demonstration Partnership Program as provided by MICA, and two other groups of families selected to serve as comparison groups. Because the goal of the Demonstration Partnership program was to enable families to move toward self-sufficiency and thus reduce their dependency on the APDC program, indicators of program success were **identified** in the program design as (1) repeated use of APDC aid and (2) amount of APDC aid received during the period of time a family was a participant in the Demonstration Partnership Program.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

This evaluation, however, covers only the **15-month** period from April 1, 1990, when the treatment group was complete, to June 30, 1991. Needless to say, this is a brief period in which to be able to observe a program effect.

B. Description of the Program

Process Evaluation

This section describes and evaluates the program's process as of August 1990. This evaluation was accomplished by treating each of the three intervention components as a separate subsection:

- nurturing interviews;
- MICA's family development intervention; and
- monthly joint DHS-MICA staffing.

Nurturing Interviews

The first component of the Partnership intervention with which families came in contact was the DHS nurturing interview. Training of the DHS IM workers and supervisors in this interview technique was included in the original program design. The National Resource Center for Family Based Services (NRC) at the University of Iowa School of Social Work was selected to provide training in empowerment "nurturing interview" techniques. **The** specific format and techniques used in the Partnership empowerment interview training were jointly developed, planned, and coordinated by NRC, DHS, and MICA. NRC is nationally recognized for their family development specialist certification program.

The NRC trained a total of 19 DHS staff, 3 county directors, and 16 IM workers. The NRC-trained staff members are employed in the DHS offices in the four study counties. The training of the DHS staff was accomplished early in the Partnership program. The first **2-day** training session occurred on August 31, and September 1, 1989. Then NRC trainers conducted two 1-day sessions, which consisted of observing IM workers and training IM supervisors in how to supervise the IM workers in the nurturing interviews. Following the initial NRC training session, a DHS benefit payment administrator, who had observed the NRC's sessions, trained an additional nine IM workers and three county supervisors from the four counties included in the demonstration.

Evaluation of Nurturing Interview Training

In March 1990, the NRC evaluated the nurturing interview training and its implementation by sending a **31-item** questionnaire to all DHS IM workers and county supervisors who had received the training. The questionnaire was jointly drafted by NRC, DHS, and the evaluator. In May, NRC provided a written report of the results. Twenty-one IM workers and six supervisors responded to the questionnaires (87

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

percent of 31 possible respondents). **The** questionnaire asked the respondents to assess the training, the effect of the **nurturing** interview, the frequency of use of the skills, the amount of supervision received, and frequency and usefulness of the DHS MICA joint staffings. (The discussion of the responses to **DHS/MICA joint staffing** is in the section on Joint **Staffing**.) A four-point Likert scale was used to measure satisfaction. For the analysis, these categories were collapsed into two: agreed and disagreed.

The DHS staff, regardless of work position, rated the usefulness of training highly. Ninety percent of the IM workers and 83 percent of the supervisors agreed the training had taught empowerment skills. Also, both levels of staff, 91 percent of IM workers and 67 percent of supervisors, believed the training improved their interview skills. And finally, 71 percent of IM workers and 67 percent of supervisors reported the training added new skills to their repertoire.

When questions concerned the effect of interviews with families, both IM workers and supervisors reported very favorable results. Eighty-four percent of the IM workers and all the supervisors reported the empowerment interview increased their **rapport** and trust with the families. Additionally, 63 percent of IM workers and 60 percent of supervisors reported they found using the interview method increased the accuracy of information families provided. When staff was asked if they thought families felt validated by the use of the interview, 89 percent of the IM workers and 83 percent of the supervisors agreed. Eighty percent of the IM workers and 83 percent of the supervisors agreed the interview techniques helped them to be more focused on the families' strengths and resources. The two questions dealing with the usefulness of the interview in reorienting families toward hopefulness and toward future goals received positive agreement responses from 80 percent of supervisors, while IM workers reported 72 percent agreement. With regard to the use of the interview to enable families to identify incremental tasks,, 79 percent of the IM workers agreed it helped while only 40 percent of the supervisors agreed.

Questions involving the use of interviews received lower ratings. Fifty-five percent of the IM workers and 40 percent of the supervisors said that IM workers did not have enough time to use the empowerment skills. When questioned about their use of the interview, 62 percent of the IM workers reported using it most of the time, 24 percent some of the time, 10 percent occasionally, and 5 percent rarely. The responses to the issue on length of time staff used empowerment techniques before establishing eligibility were grouped into **5-minute** blocks: 39 percent reported 15 or more minutes, 22 percent reported 7-10 minutes, 17 percent reported 5 minutes, and 22 percent reported 1-3 minutes. The question on whether caseloads were too heavy to allow the time needed to engage the interview skills received agreement from 67 percent of the IM workers and 60 percent of the supervisors.

The IM workers and supervisors differed greatly in their responses to a question about the frequency of supervision IM workers received from supervisors in developing their empowerment interviewing skills.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

Frequency of Supervision	IM workers Supervisors	
Twice a month	0%	20%
Once a month	11%	60%
Less than once a month	83%	20%
Weekly	6%	0%

When asked if supervisors encouraged IM workers to use their interview skills, 100 percent of the supervisors, but only 47 percent of the **IM** workers, agreed. In response to the question of whether the supervisors helped workers to continue to develop their empowerment interview skills, 73 percent of the supervisors, but only 32 percent of the **IM** workers, agreed.

General conclusions concerning the training sessions based on the questionnaire and evaluator's interviews were that both IM workers and supervisors found the training topics and training itself useful in increasing their interview skill level. The DHS staff reported they believed the overall goal of learning interview skills to facilitate clients' movement towards self-sufficiency was accomplished. DHS staff agreed the skills help to establish trust and rapport, validate the families, help identify both strengths and resources in the families, redirect self-doubt to hopefulness, reorient families' future goals, and to a lesser extent, identify incremental tasks for the family.

IM workers and supervisors report that the heavy caseloads of IM workers make it difficult or impossible for them to spend the amount of time required to use the nurturing interview approach. This is a basic constraint to the implementation of the program design that was not adequately addressed in the planning process.

Family Development Intervention

MICA had been using the family development intervention method since 1984. **The** Partnership program is **MICA's** opportunity to demonstrate the effectiveness of this intervention on self-sufficiency in combination with two other interventions. MICA was successful in using the family development intervention with 125 families prior to this Partnership program. An essential aspect of this intervention is the family development specialist's relationship to the family and the specialist's ability to help the family acquire skills so that they can function more effectively among social support networks, independent from a relationship with **MICA**. Thus, an evaluation of the family development intervention should include an examination of the structure of the family development division, the specialists, and their skills set.

The program was directed by **MICA's** family services manager, whose office was at MICA's central office in Marshalltown, Iowa (centrally located within the four counties). The family service manager holds a B.A. in communication studies and 13 years of experience in family development at **MICA**. She supervised the four county centers, each of which had a county coordinator. **The** county coordinators supervised the family development specialists. In all counties except Marshall, the coordinator had a

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

caseload in addition to **his/her** supervision duties. (Marshall county's larger staff required a full-time coordinator.) There had been one change in county coordinator positions since the Partnership program began. **Hardin's** county coordinator resigned in May 1990, and in July, one of the family development specialists was promoted to fill the position.

Two other county coordinators were also promoted from positions as MICA family development specialists; the fourth was hired **from** outside MICA. The three long-term county coordinators had served in those positions for 4, 8, and 13 years, respectively. Three of the four had their family development certification from NRC's specialized training program and the fourth had completed the training and was awaiting the results of her certification exam. One county coordinator had a **Master's in Early** Childhood Development, one had 2 years of college in general business, another was currently working toward an Associate of Arts degree, and the fourth coordinator had a high school diploma.

There were a total of eight family development specialists (5.8 full-time equivalents) involved with the Partnership program, distributed among the counties on the basis of the number of Partnership program families in each county. Of the eight specialists, two held those positions for 2-3 years, and six have held those positions for 6 to 9 months (three were promotions from other MICA positions and three were new employees with MICA).

The family development specialist position was viewed by MICA as a paraprofessional position. The formal education of the specialists ranged from high school diplomas to master's degrees. The most recently hired specialists tended to have higher formal education. Once hired, all staff in this position were encouraged to become certified in family development through the NRC training (described below). There was a personal incentive for completing the certification, since it resulted in a 10 percent salary increase.

The family development specialist certification program is a training and certification program for community action and other paraprofessional staff, whose job it is to support and provide services to low-income families. Specialists acquired the attitudes, skills, and knowledge they need to work developmentally with families to help them attain greater self-sufficiency. This is an **8-day** certification program offered in three segments. Trainees must pass a written test on the course material for certification. Currently, three of the eight specialists are certified and the remaining five specialists have completed the training course and are awaiting the results of their written examinations. The salary range of the three current county coordinators was \$26,400 to \$28,020 per year. Family development specialists' salaries ranged from \$16,320 to \$19,920 per year. These salaries are very competitive with other human service positions in Iowa.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

Some of the family development specialists who worked with the families in the Partnership program also worked with families in other MICA programs. **The** standard caseload per family development specialist was 25 families for a full-time staff person. While most of the specialists began with a full caseload of Partnership families, some of these specialists had been assigned non-Partnership families because some Partnership families had dropped **from** the program. This shift of assignments seemed questionable when there were families in the Partnership program population who had not been served.

Since the initiation of the program, much of the specialists' time had been devoted to contacting, recruiting, and developing rapport and trust with the families. Specialists expressed surprise at the number of families contacted who were not willing to participate in the Partnership program. **This** was in part due to some misunderstanding of the referral process. It was not clear to all the specialists that some of the families referred had not expressed a desire for the program, but had simply not refused referral. Some families were surprised to be contacted by the specialists, either because they were not adequately informed about the Partnership program by IM workers or because they did not hear the presentation of the Partnership program in the midst of the stress of the AFDC application process. **The** specialists indicated that an unusual amount of time and energy was spent on recruitment and developing the relationship before self-sufficiency skill development could be undertaken.

The family development specialists operated out of a local center in each of the four target counties. Specialists interacted with the families primarily in their home setting. This allowed the specialists to observe how the families function within the home. The amount and frequency of contact varied with the needs and willingness of the family. The specialists completed the basic intake form and collected other data at the first visit. Then, during the early contact period with the families, the specialists attempted to collect all the informational data on the family and complete the self-sufficiency competency instruments. This information was recorded on forms MICA refers to as milestones, to be described below. The specialists attempted to complete one instrument per home visit. This was not always achieved, since families vary in their willingness to complete the instruments and in the amount of time they have available.

To organize this information, MICA developed an MIS system with the assistance of the evaluators. This system contained MICA's normal intake forms, assessment information, and the five milestone forms. The milestone forms were newly developed standardized forms created to record the information required for the Partnership program. The forms contained the following information:

- demographic data;
- income and sources of income;
- results of the self-sufficiency competency instruments;
- training and educational activities, employment status; and
- public assistance status.

The information on these forms was gathered by the specialists and entered into the computer by the central office staff.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

The specialists found the use of these instruments and assessment tools valuable in the development of rapport and trust with the families. The specialists also found the instruments served as a useful tool to provide focus and purpose when they met with the families. It guided the specialists' interaction as well as gave them ways to bring families' focus back to task. Specialists felt families in this program were showing faster movement toward self-sufficiency than those in other programs due to these tools. Several specialists reported that the eco-map, genogram, and **timeline** have not only helped them to gain useful information, but, in some cases, helped participants gain new insight concerning themselves. Two specialists reported the **timeline** allowed participants a chance to share events that happened in their lives that were so painful they had never been able to verbalize them, i.e., childhood rape, abortion.

The forms and instruments received such a positive response from the specialists that some began to use them with families in their general caseloads. Some of the specialists reported that they did not receive adequate instruction on the coding of eco-map (already subjective in nature), so consistency in scoring may be problematic. Since specialists varied in their styles of presentation and administration of the self-sufficiency competency instruments, reliability of the scores may be questionable.

There was a great deal of enthusiasm among the specialists about the family development intervention, their jobs, and the support they get from all levels of management. They were very optimistic about the success of the program and are pleased with the achievements some families have already made. The staff in each center appeared to work closely as a team and were supportive of one another, which positively affected their attitudes and performance.

Joint DHS-MICA Staffings

The joint DHS-MICA staffings were designed to allow for monthly review of each family's participation in the Partnership program. The monthly meeting allowed for feedback and brainstorming between the two agencies. The hope was these sessions would lead to insight and information regarding appropriate referral sources for the families and impress the IM workers with the importance of their work and the effectiveness of the family development approach.

In order to facilitate rapport and positive relationship building between DHS and MICA staff at the county level, visits to each other's offices occurred before the **first** staffing. These meetings provided an opportunity for staff to observe and gain a clearer understanding of the other agency's work.

Marshall, **Hardin**, and **Tama** counties' first **staffing** took place in December of 1989, while Poweshiek began in September of 1989. The **staffings** were held monthly in all counties, with the exception of March in **Tama** county. Most joint staffings in Marshall and **Hardin** counties occurred at **DHS's** offices, while the **staffings** in Poweshiek and **Tama** usually alternated between DHS and MICA offices. In addition to these meetings, during the program start up, there were frequent, less formal contacts beyond the staffing concerning referrals and contacts with **the** families.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

The format of these staffings varied. In Marshall county, the IM worker and the specialist assigned to a **family** met one-on-one and updated each other on changes or events **concerning** the family. The length of time spent discussing each family varied based on the issues involved. Most **staffings** observed by the evaluator lasted an average of 5 minutes. Usually, the specialists reported what had occurred during their contacts with the families. **The** IM workers usually did not have much input to make, since they had limited contact with the families. In the other three counties, **Hardin**, Poweshiek, and **Tama**, the staffings were group discussions involving all the staff members from both DHS and MICA. **The** discussions only covered those families whom staff members believed warranted discussion at the monthly meeting based on changes in, or events related to, the family. These meetings were usually brief -- 10 to 15 minutes in duration.

Neither IM workers nor specialists found the monthly staffings to be time well spent. Members of both staffs would like the freedom to consult by phone and on an "as needed" basis. Both DHS and MICA staff stated that it was not due to any negative feelings towards the others organization. IM workers' primary reason for desiring the reduction of the joint **staffing** was based on their belief they have no need for this in-depth knowledge of the families. They also saw no relevance of any information beyond that required to determine APDC eligibility.

A review of the NRC's questionnaire administered to the DHS IM workers corroborated the statements of IM workers about the **staffings**. Asked **if** the staffings were a good use of staff time, those who met two to three times a month with specialists agreed, while those who met only once a month disagreed. In response to the question asking whether the monthly staffing increased IM workers' hopefulness about potential self-sufficiency among AFDC recipients, 78 percent of the IM workers indicated that it **did** not.

The specialists stated that during the staffings, they learned about the eligibility aspect of APDC and that IM workers were helpful in providing families' addresses for the initial contact. This type of information was beneficial when the program was beginning. The staff support for the **staffings** appeared to decrease over time. It appeared that both DHS and MICA staff members needed some clarification of what the purpose of these meetings was and what an effective agenda should be to make these **staffings** effective. It appears the **staffing** did not achieve the goal of brainstorming for insight into appropriate actions and referrals as it was intended.

C. Target Population

The original plan for selecting participants for this demonstration was changed. The details concerning the necessary design changes and the reasons underlying these changes are described in a later section of this report. The revised sampling procedures produced three groups of families - one treatment group and two comparison groups.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

Study Group (N = 98). The treatment group was a convenience sample of all eligible families seeking AFDC benefits who:

- applied for AFDC benefits between September 1, 1989, and March 31, 1990;
- lived within MICA's geographic region (Harrison, Marshall, Poweshiek, and Tama counties);
- agreed to participate in the Partnership Program; and
- met the program intake criteria by having an adult member who was 18 years of age or older, by having an employable adult member, and by having been off AFDC for at least 2 months prior to this AFDC approval.

Comparison Group 1 (N = 120). Group one was a comparison group of families that received the nurturing interviews from DHS IM workers, but did not receive the family development intervention or the joint DHS-MICA staffing. The counties in which these families live - Benton, Iowa, Jones, and Washington - are in the same DHS district as were the treatment group families. Comparison group 1 consisted of 120 randomly chosen families from all families approved for AFDC benefits between September 1, 1989, and March 1, 1990, who lived in these counties.

Comparison Group 2 (N = 120). Comparison group 2 was drawn from four counties that most closely matched the study counties on population, demographic factors, and characteristics of the AFDC population. This comparison group did not receive DHS's nurturing interviews, MICA's family development intervention, nor the DHS-MICA joint staffing. Thus, in these four counties - Mills, Webster, Cedar, and Crawford - there were no changes made in the AFDC delivery system. Once the matched counties were selected, all families approved for AFDC benefits between September 1, 1989, and March 1, 1990, who lived in these counties formed the population from which 120 families were randomly selected.

In summary, the three groups of families analyzed in this study were drawn from 12 Iowa counties. The total study population was 338 families.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

TABLE 1
Demographic Characteristics for Study Group and Two Comparison Groups
in Demonstration Partnership Program

statistical Category	study Group (N=48)	Comparison Group 1 (N=71)	Comparison Group 2 (N=76)	Difference
Gender of Head of Household:				
Male	6%	16%	32%	
Female	94%	85%	68%	$\chi^2 = 13.16^{**}$
Age of Head of Household	28.4	29.6	29.7	NSS
Marital Status:				
Married	21%	44%	44%	
Single	77%	56%	56%	$\chi^2 = 7.53^*$
Family Size	2.64	2.98	3.30	F = 4.54 **
Number of Persons Over 18	1.04	1.08	1.34	F = 10.50 **
Average Food Stamp Grant in January 1990	\$142.25	\$164.69	\$185.55	NSS
Average Shelter Grant in January 1990	\$118.82	\$122.81	\$105.74	NSS

* p <.05 .

** p <.01.

NSS = Not Statistically Significant.

D. Research Significance

The evaluation of this Demonstration Partnership Program was based on an analysis of two sets of variables. The **first** contained two outcome variables, which are described below. These two outcome variables were used in the analysis of the treatment group (the MICA families) and both of the comparison groups. The second set consisted of a number of intermediate variables **that** were used in the analysis of a subgroup of the treatment group. The intermediate variables were intended to act as an underlying explanation as to why the program had the desired effect. To be a member of the treatment subgroup, a family had to have been a participant in the family development intervention for at least 1 year prior to the end of the demonstration program.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

Outcome Variables. The study and comparison groups were compared using two outcome variables:

- a. Number of months a family received an AFDC grant during the project period (April 1, 1990, to June 30, 1991), and
- b. Amount of the family's AFDC grant during the last 12 months of the project.

Intermediate Variables. In addition to the analysis of study and comparison groups using the two outcome variables, this evaluation analyzes a subgroup **within** the treatment group population composed of those who received family development for at least 1 full year. **This** analysis tests the families' growing empowerment and their movement toward self-sufficiency. Measures of these intermediate variables were taken because enhancing specific self-sufficiency skills is one of the assumptions of family empowerment.

Five self-sufficiency competencies believed to be essential were measured in this study. **They** are outlined below, together with a description of the instruments that were used to measure each of these variables. **These** instruments were administered at the time of admission and after 1 year in the program.

1. Self-esteem • family members' level of self-respect. Self-esteem was measured by the Index of Self-esteem. (Walter Hudson, The ***Clinical Measurement Package: A Field Manual, 1982***).
2. Problem-solving • a family's ability to identify and define problems that it would like to solve, to set specific achievable goals, and to plan actions needed to achieve these goals. Problem solving was measured using both the Nowicki-Strickland locus of control instrument and a planning form that MICA regularly uses to teach families problem-solving skills.
3. **Locus** of control • the tendency of family members to feel that they govern their own lives, as opposed to being controlled by external forces. **This** facet of empowerment was measured by the Index of Internal Control (Walter Hudson, ***The Clinical Measurement Package: A Field Manual, 1982***).
4. **Social** relations • the ability of family members to establish and maintain a positive, **supportive** network of individuals, organizations, and institutions in the community. Networking was measured with two instruments, the in&x of Social Relations (Walter Hudson, The ***Clinical Measurement Package: A Field Manual, 1982***) and the drawing of Eco-maps.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

5. Family relations - the ability of family members to establish and maintain positive, supportive relationships with other family members. Family relationships were measured using the Index of Family Relations. (Walter Hudson, The *Clinical Measurement Package: A Field Manual*, 1982).
6. Parental attitudes - the ability of the parents to assume the parental role with confidence and satisfaction. Parental attitude was measured with the Index of Parental Attitudes. (Walter Hudson, The *Clinical Measurement Package: A Field Manual*, 1982).

The family development specialist administered the instruments to the head of household during their second visit with the family. The specialists found that the rate at which families completed the instruments and the amount of information they were able to gather varied, depending on the frequency of visits, number of family crises, and the level of family cooperation. Thus, complete data on the intermediate variables (self-sufficiency competency scales) was obtained from only 20 of the 98 families in the treatment group.

E. Participant Characteristics

To study the effects of demonstration programs, the practice in program evaluation is to compare change in a randomly selected sample of clients who participated in the program with change in a randomly selected sample who did not receive the program. In order to be able to attribute a change to the program rather than to some differences with the groups, it is necessary that the groups be as similar as possible. Personal and environmental characteristics that might be influencing the change are thus held constant across the groups.

The most important characteristics of the three groups of families in this study are presented in Table 1. In addition to providing an indicator of the validity of the study, these demographic data furnish us with a fairly comprehensive profile of the families in these groups. Unfortunately, unlike the information on the outcome indicators, demographic data were not available from DHS for all of the randomly selected families.

Table 1 shows that there were no statistical differences between the three groups in terms of age of the head of the family and the grant amount that they had received in January of 1990 for food stamps and for shelter. There were, however, significant differences in regard to gender and marital status of the head of household, as well as family size and number of family members who were over the age of 18.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

In general, we can say that these families were predominantly headed by single young women who had one or two children, and who were either unemployed or underemployed to such an extent that they met the criteria for APDC eligibility. The largest difference in these data is in gender of the head of household, and this is such a large difference that it is problematic. Undoubtedly, there is an environmental explanation for the difference, such as a large lay-off in the four-county region of Comparison Group 2, and this factor could **influence** an interpretation of the study findings.

The Treatment SubGroup (N = 20). A sub-group of families in the MICA Partnership Program agreed to be assessed on intermediate outcome measures. At their entrance into the program and at 1 year, the head of household took six written tests that measured a number of intermediate outcomes that are of interest.

The treatment subgroup was not very different **from** the total group of MICA program participants, although there were some data items available for this subgroup that were not available **from** DHS for the full groups. In terms of gender, the subgroup was also predominantly female, but they were older on average than were the other groups.

This brief profile of this group of 20 families shows the majority having at least a high school education. They have, on average, one child per family who appears to do reasonably well in school. During the year under study, the children's schools reported that only three children received disciplinary action, and, of these, only one child received more than one disciplinary action.

II Discussion of Findings

A. Impact of the Program on Clients

There were 98 families that agreed to participate in the Demonstration Partnership Program during the period from September 1989 to March 1990. The assessment of program outcomes required, therefore, an examination of these families' records of dependence on the **AFDC** program between April 1990 and June 1991. If the hypothesis of the demonstration was to be supported, then the proportion of families receiving APDC grants in the Study Groups would decrease at a faster pace than would the proportion of families in the other two groups. Table 3 summarizes this information.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

TABLE 3
Comparison of Study Group and Two Comparison Groups
Dependency on AFDC Across 15 Months

	Study Group (N=98)	Comparison Group 1 (N=120)	Comparison Group 2 (N=120)	Statistical Difference
<u>April 1990</u>				
Average Amount of Grant	\$253.74	\$260.46	\$212.41	NSS
<u>June 1991</u>				
Percent of Families No Longer Receiving AFDC Grant	.53	.57	.48	NSS
Average Amount of Grant	\$178.50	\$179.50	\$193.07	NSS
Amount of Change	\$ 75.24	\$ 80.96	\$ 79.40	
Percent of Change	29.7%	31.1%	29.1%	

NSS = Not Statistically Significant.

The data from DHS on AFDC grant amount by month for these 338 families were analyzed to determine whether there is a statistically significant difference in the rate of change in grant amount. This analysis attempts to answer the question regarding whether or not the Demonstration Partnership Program succeeded in reducing the Treatment Group's reliance on AFDC below the levels of dependency of the Comparison Group families. The answer, in general, is that it did not. Across the 15 months, there were no statistical differences in the mean amount of the grants that were received by the families in the three groups. In other words, although the proportion of families receiving grants and the average amount of the grants for the three groups decreased across time, they did so equally.

It can be seen in Table 3 that over the 15 months, all three groups of families experienced a decline in the proportion of their numbers that were dependent on AFDC and, indeed, the average amount of the grant also declined. However, none of the **differences in** these reductions are significantly different. It can also be seen, however, that the average grant amount for the study group was considerably less than for Comparison Group 2, the group that received no intervention. It may be that if a study were to look at the next 30 months, this trend would continue and would be significant. Further study of these groups will have to take into account the gender and family size differences in the groups in order to better understand program effects.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

Increasing Self-Sufficiency Competencies

Measures of Intermediate Outcomes. As described above, a subgroup of the treatment group agreed to participate in an assessment of whether the family development intervention was able to create change in families along a number of dimensions thought necessary for self-sufficiency. The competencies are in the areas of self-esteem, problem-solving, locus of control, social relationships, family relationships, and parental attitudes. Table 4 reports the results of the tests used to measure the change in the subgroup families' abilities in these areas.

Table 4 provides a summary of the scores that represent the extent to which program participants improved in basic self-sufficiency competencies, as measured by the instruments administered by the staff. The scores used for this analysis were obtained **from** the head of household. Twenty parents took these written tests at intake, and the average of the 20 scores is reported in column 1. Likewise, the average scores for this group of parents after 1 year of participation in the program are listed in column 2. The t-test, a measure of statistical difference between the average scores of groups, is shown in column 3, with its index of statistical significance in column 4.

Overall, and based on these measures, participating families improved in all but one of these self-sufficiency competency areas. All of the post-test averages were lower (or higher as the case may be), and most of the 1-year scores were significantly different **from** the initial scores, and all were statistically significant at $p < .10$ or lower.

Only in the area of parental attitudes do the scores indicate a worsening of the problem. Not only are the raw scores extremely low, but the 1-year average scores are higher than the initial ones. In these families, parents' attitudes toward their children grew increasingly negative as the year went by. This is not an unexpected outcome of welfare-to-work programs, however, and has been found in other program evaluation studies.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

TABLE 4
Differences in Average Scores between Pre- and Post-Test Measures
of Self-Sufficiency Competencies (N=20)

	Column 1 Initial Group Mean (X ₁)	Column 2 One-Year Group Mean (X ₂)	Column 3 t-Test (df=20)	Column 4 p = (two tail)
Self-Esteem (scores can range from 0 to 100; the higher the score, the more serious the problem)	32.79	24.26	5.07	.000 **
Problem-Solving (scores can range from 8 to 32; the lower the score, the more serious the problem).	26.21	28.84	2.63	.004 *
Locus of Control (scores can range from 0 to 60; the lower the score, the less the internal locus of control; thus, the greater the problem).	9.21	12.37	2.12	.048 *
Social Relationships (scores can range from 0 to 60; the higher the score, the more serious the problem).	27.42	24.26	2.01	.060
Family Relationships (scores can range from 0 to 100; the higher the score, the more serious the problem).	25.32	21.68	1.94	.081
Parental Attitudes (scores can range from 0 to 100; the higher the score, the more serious the problem).	12.05	18.21	-4.30	.000 **

* p < .05.

** p < .01.

The three areas in which these families improved the most were in the areas of self-esteem, problem solving, and locus of control. These scores show statistically significant improvement (self-esteem $t=5.07$, $p < .000$; problem solving $t = 2.63$, $p < .004$; and locus of control $t = 2.12$; $p < .048$). The ability of these parents to establish firm and useful social relationships with peers and other family members also improved, but the scores were not statistically significant.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

B. Institutional Impacts

Several other insights, gained from the evaluator's observations and interviews with IM workers and DHS supervisors, are worthy of reporting. First, the IM workers found the interview training valuable. An overwhelming number of IM workers only have high school diplomas. Many found the nurturing interview valuable professional training. **The** IM workers' major job function is that of a "technician," determining if the families' income level qualifies them for AFDC grants. This does not mean to imply that IM workers are uncaring and nonprofessional in their jobs. In fact, the IM workers interviewed were glad for the training opportunity, since it aided in their contacts with families. **The** training allowed them to develop and refine skills beyond those of pure eligibility determination. **The** IM workers' training appears to have been beneficial not only to this project, but also in enhancing the IM workers' skill set.

The second finding was that there was considerable confusion regarding the eligibility criteria and referral process. **This** resulted in ineligible families receiving referrals to the Partnership program. It appears this problem began **from** the initial presentation of the Partnership program to DHS staff. The Partnership program was presented to MICA management staff and DHS directors (supervisors) in a July 17, 1989, meeting, followed by an August 2, 1989, presentation meeting to IM workers. The purposes of these meetings were to provide information, foster support, and address issues or concerns. In addition to these meetings, DHS and MICA staffs organized local meetings to develop support for, and understanding of, the Partnership program.

It appears that these meetings were not effective in achieving their purpose. **IM** workers expressed frustration that some issues and concerns at the August meeting were not resolved before the program began. They raised questions about **confidentiality**, what IM workers viewed as conflicting job roles (nurturing interviews versus corrective actions), concerns of increased work demands, and basic "how to do" questions. IM workers left with many questions and concerns, and a feeling that the program required further refinement. **This** played a part in IM workers' understanding and enthusiasm for the program. DHS supervisors were more accepting of this ambiguity as a reality in program development, stating that clarity about all aspects of any program could not be expected until programs are underway.

The evaluator asked the IM workers about their understanding of the eligibility requirements for the Partnership program. The IM workers responded that the only eligibility requirement was for families to have been approved for AFDC; none mentioned the additional eligibility criteria.

The third evaluation finding was that the amount of support within DHS for the Partnership program varied by organizational level. It appears that upper management was very supportive and enthusiastic about the program. The individual county supervisors seemed torn between their support for the program and empathy for their staff. Though they were enthusiastic about the program, they do not seem to have provided the intended intensity of supervision of the IM workers in their use of the nurturing skills. One supervisor indicated that she reduced the amount of supervision to lessen the stress on the IM workers.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

Proper and continuous supervision of the interviewers was an essential element of the program design. **The** NBC trainers stated that to change IM workers' focus **from** eligibility to empowerment interviewing would require constant reinforcement. Based on questionnaire findings and the evaluator's interviews, this reinforcement does not seem to have occurred in most cases, thus reducing the effectiveness of this intervention.

The fourth finding was the resistance of the **IM** workers to the program for a variety of reasons. **They perceived the** nurturing interview as inconsistent with their primary responsibility of AFDC eligibility determination. Furthermore, they saw the nurturing interview as requiring more work when they were already overloaded. Three changes occurred in the policies regarding the referral process during the course of the program (due to the events surrounding an Assistant Attorney General's opinion) provided another reason for resistance, since it appeared the program was not well thought out. On the other hand, IM workers stated they did want to help families and were not opposed to referring families to sources for help and benefits, as they have always done. Nor was there resistance to referring families to MICA.

Participation of IM workers during the planning process probably would have reduced this resistance. Early involvement would have given the IM workers a sense of ownership rather than the experience of having additional work added to their already heavy loads. IM workers' perceptions, reinforced by the videotaped interview used in the NBC training, were that planners had little **understanding** of the IM workers' job duties. Also, a follow up meeting with the IM workers to address the issues they raised at the August meeting would have been beneficial in lowering anxiety and increasing program understanding.

C. Expected Versus Actual Outcomes

To test the effectiveness of these combined-interventions methods, 98 newly approved AFDC families in the four target counties were assigned to the treatment group receiving the family development intervention. The self-sufficiency achievements of this group were to be compared with two comparison groups of newly approved AFDC families from other counties.

In the original evaluation design, the study population was to be composed of the first 120 newly approved AFDC cases in the four target counties. The sequential selection of cases would terminate when the population distribution of cases across the counties were 15 families each in **Hardin**, Poweshiek, and **Tama** counties, and 75 families in Marshall county. Due to a series of unanticipated and unfortunate events, the plan for a sequential distribution had to be revised.

The original concept was that, since this was a partnership with DHS, the MICA family development services would be considered a DHS program and thus a signed release form would not be necessary prior to MICA's contact with the family. The IM worker would briefly present the Partnership program to the family, using the **nurturing** interview approach. Then, the MICA worker would contact all new AFDC approved families, explain the family development program in greater detail, and ask the family whether

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

they would like to participate. If the family said yes, MICA would ask them to sign a formal release of information. However, before the program started, the assistant Attorney General for DHS issued an opinion that DHS could not authorize referrals of recipients' names to MICA without a client's written release. This opinion changed the design for the creation of the study population, since it allowed families to opt out of the program without a thorough explanation of the program by MICA staff.

Furthermore, the Assistant Attorney General's opinion was not made until early November, so new AFDC approved families **from** September 1 to November 6 were not given an opportunity to sign written release forms authorizing referral to MICA during their AFDC intake interviews. As soon as the Assistant Attorney General issued his opinion, release forms were sent to all families approved between September 1 and November 6. After November 6, all AFDC applicants who met eligibility requirements for the Partnership program were offered the option to participate if they were approved.

The change in the program design and the delay in the Assistant Attorney General's opinion resulted in a very low number of referrals during the first 3.5 months of the program. Of 116 new approvals between September 1 and December 19, only 34 (29 percent) agreed to participate. Since applicants for APDC are under tremendous stress at the time of application, and since the IM workers varied in their understanding of the MICA family development program and in the quality of their presentation of the benefits of the program, the change in evaluation design significantly reduced the expected rate of "up-take" of the program by potential participants.

The evaluator discovered this significant change in referral process on December 11, 1989, and noted that it represented a major change in the mutually agreed-upon evaluation design. This resulted in a conference on December 21 involving the evaluator, MICA staff, DHS regional and central office staff, and the Assistant Attorney General for DHS. Once the assistant Attorney General was clear on the nature of the program and partnership, an agreement was reached to return essentially to the original research design effective December 31, 1989. Thus, in January 1990, DHS began telling newly approved AFDC families that they would be **referred** to MICA for a visit by a family development specialist unless they specifically refused.

In order to correct some of the error that had occurred during the September-December period and to recover for participation in the program some of the families that had not been referred, letters were sent to all AFDC approvals from September through December stating that unless the family objected, their name would be referred to MICA. Some families did not respond, and so were referred to MICA, but other families refused participation.

This series of events created a dilemma regarding how to construct the study population. It was no longer accurate to consider the first 120 new AFDC approvals as the study population, as in the original design. Many of the new AFDC approvals, especially in the first 2 months, did not receive a thorough presentation of the family development program, and a high proportion were not even referred because of the constraints created by the Assistant Attorney General's opinion. A revision in the design of the study and comparison populations was essential.

CHAPTER 1. FAMILY SELF-SUFFICIENCY PROJECT

The compromise the evaluator adopted was to keep all new AFDC approvals in the study population, and to assure that there was a reasonable subpopulation size actually receiving family development services. Thus, in early April of 1990, the evaluator obtained a complete printout from the DHS Bureau of Research and Statistics of all new AFDC approvals from September 1, 1989, through March 31, 1990, who met the program eligibility criteria. (The guidelines for family program eligibility were that the adult member must be 18 years of age, or older, have been off of AFDC for at least 2 months prior to the current approval for benefits, and be an employable adult).

The method used to create the list of names was to compare the names of those persons with “effective dates of approval” for AFDC in September of 1989 with the name of persons who received AFDC the 2 previous months. If the name did not appear, it meant the person was a newly approved recipient. This comparison was repeated on data through March 1990. This computation was to ensure that families were not receiving assistance in the 2 previous months, thus meeting the program requirements. The computer program also eliminated persons who did not meet the other program criteria, i.e., the head of household must be 18 years of age or older.

D. summary

This evaluation of outcomes has been a limited look at a program that was funded for a very brief period of time. The results outlined above should, therefore, not be taken out of context and generalized beyond the **confines** of this demonstration. Even though statistical differences could not be detected in the proportion of the treatment group families who received AFDC grants during the U-month evaluation period when compared with the other groups, there were interesting findings that, at a minimum, beg for further support of the family development approach. **The program clearly was able to improve parents’ self-esteem, problem-solving skills, and the quality of their social relationships in their social networks. These are important findings.**

Chapter 2

Self-Sufficiency Plus

Bi-County Community Action Programs, Inc.

Bemidji, Minnesota

CHAPTER 2. SELF-SUFFICIENCY PLUS

Agency: Bi-County Community Action Programs, Inc.
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Project Type: Case Management/Coordinated Services

Project Title: Self-Sufficiency Plus

Model: Self-Sufficiency Case Management

Project Period: May 1989 to April 1991

I. Background

A. Purpose of the Program

The purpose of the Coordinated Services: Self-Sufficiency Plus Project was to increase the self-sufficiency of those who participated. It was hypothesized that participants in the program would have increased levels of self-sufficiency following the program relative to those people in the control group. **Self-**sufficiency was defined as a continuum that ranges **from** little if any employment (and corresponding income) along with high levels of public assistance (eligibility and/or participation) to high levels of employment and low levels of public assistance. Increases in education are viewed as a precursor to increases in self-sufficiency. It was also hypothesized that participants in the Self-Sufficiency Plus Project would evidence increased levels of satisfaction with their lives relative to those people in the control groups.

CHAPTER 2. SELF-SUFFICIENCY PLUS

B. Description of the Program

The Self-Sufficiency Plus Project was a multi-agency program designed to enhance the self-sufficiency of low-income individuals. A significant feature of the Self-Sufficiency Plus Project was a system of networking among the participating (partner) agencies. Throughout the duration of the project, representatives of the partner agencies met on a monthly basis at networking meetings. The nature of these meetings will be described later in this report. In addition to the networking meetings, a Consumer Advisory Committee met every several months with the Bi-County Community Action Programs, Inc. (Bi-County CAP) staff to provide participant input into the program.

C. Target Population

The participants were randomly selected from a sampling frame that included all nonelderly low-income (i.e., at or below 125% of the poverty line) adults residing in the north central Minnesota counties of Beltrami and Cass. An initial mailing was sent to 6,988 nonelderly adults at 125 percent or less of the poverty level. All persons who completed the initial questionnaire and agreed to attend the orientation session constitute the original frame for the study. On the basis of their time preference, participants were assigned to one of the 16 orientation sessions. After completion of the orientation session, participants decided if they wished to continue with the case management component. Those who did were assigned to one of two groups - the Full Treatment Group or the Orientation/Not Selected Control Group. The composition of the two groups was stratified based on the driving time to Bemidji because it was felt that driving time might represent a measure of motivation to participate.

D. Research Significance

The research design allowed for the evaluation of a variety of competing hypotheses regarding possible outcomes. The different comparison groups made it possible to evaluate both motivational variables and program components. The inclusion of a randomly selected no-treatment control group allowed **cause-and-effect** conclusions to be drawn from the data. Despite the fact that the design is essentially sound, there is one important factor that limits the scope of the conclusions that can be drawn. **This** limiting factor is the relatively brief duration of the program. If the outcomes were measured over a longer period of time, they might well reflect differences between the treatment and control groups that were not revealed in this evaluation.

Of the outcome measures, those involving public assistance were judged to be most susceptible to inaccuracies in self-reports. In order to assess the extent of any inaccuracies, a sample of respondents (N = 10) was selected for an independent assessment of the public assistance information for 1989. The county social service agency provided the public assistance information for those respondents selected for the independent assessment. There were no discrepancies regarding program enrollment between the self-reports of the respondents and the information provided by the county social service agency. There was

CHAPTER 2. SELF-SUFFICIENCY PLUS

one discrepancy regarding amount of money received; one individual reported receiving \$5 less than **he/she** was reported by the agency to have received (a discrepancy of only **1%**). Two participants reported being enrolled in a program but did not report dollar amounts received although the agency did so; these then were missing data for the purposes of analysis. Thus, it appears that the self-reports were **highly** reliable and that those discrepancies that did exist were of minor magnitude.

The members of the program's Full Treatment Group participated in the three phases of the **Self-Sufficiency Plus Project**: the Orientation Session, the Counseling Session, and the Case Management Services component. **Each** of these phases of the project will be described later in this report. At the Orientation Sessions, the participants were involved in a series of activities and presentations designed to improve their self-image and self-confidence, to familiarize them with the project, and to increase their desire to become self-sufficient. Following the **Orientation** Sessions, the participants who were members of the Full Treatment Group then attended an individual counseling session with one of two staff members of Bi-County CAP. The purpose of these counseling sessions was to set realistic self-sufficiency goals with the participants and the selection of a partner agency that would provide case management services to them. Members of the Full Treatment Group then were referred by the counselors to a partner agency and to a specific person in that agency who would serve as their case manager and would work with them throughout the duration of the project. The partner agency case managers then worked with the members of the Full Treatment Group on a regular basis, maintaining contact with them and providing them with encouragement, assistance in solving problems, and referrals to agencies for the appropriate assistance or services necessary for the attainment of their self-sufficiency goals.

E. Participants' Characteristics

Data were collected in order to evaluate other relevant variables that might affect the degree of improvement/gain hypothesized for the treatment groups and in order to better characterize the participant groups. This information was gathered from the survey instrument. The variables collected were: sex, age, racial/ethnic identity, marital status, head of household, number of adults and children in household, own or rent home, access to a car, interest in being in project, and level of previous education. The characteristics of the different groups on these variables are provided in Table 1.

CHAPTER 2. SELF-SUFFICIENCY PLUS

TABLE 1
Characteristics of the Treatment and Control Groups
(Percent)

<u>Measure</u>	<u>Orientation only</u>	<u>Full Treatment Group</u>
Sample Size	43	140
Sex		
Female	60.5	69.3
Male	39.5	30.7
Mean Age	36.3	34.3
Race		
Indian	32.6	35.0
white	67.4	65.0
Other	0.0	0.0
Marital Status		
Single	25.6	27.1
Married	48.6	39.3
Living Together	4.7	8.6
Separated/Divorced/Widowed	20.9	25.0
Head of Household	73.8	56.1
Children in House		
0	34.9	28.6
1	11.6	20.7
2	25.6	21.4
3	25.6	13.6
4	0.0	8.6
5 or More	2.3	7.1
Own Home	46.5	45.3
Car to Use		
No	14.0	18.7
Yes, Sometimes	20.9	20.9
Yes, Always	65.1	60.4

CHAPTER 2. SELF-SUFFICIENCY PLUS

TABLE 1 (cont'd)

<u>Measure</u>	<u>Orientation Only</u>	<u>Full Treatment Group</u>
Interest in PLUS		
Extremely	58.1	59.0
Very	32.6	34.5
Somewhat	9.3	6.5
Education		
No High School	2.3	2.1
Some High School	14.0	17.9
G.E.D.	14.0	7.1
High School Graduate	18.6	10.7
Some Vocational	7.0	13.6
Vocational Graduate	4.7	12.9
Some College	32.6	24.3
College Graduate	7.0	11.4

F. Partnerships

The partner agencies that participated in the networking meetings included:

- Beltrami County Social Services,
- Bemidji Adult Basic Education,
- Bemidji Indian Employment Council,
- Bemidji State University,
- Bemidji Technical College,
- **Bi-County CAP,**
- Cass County Social Services,
- Northwest Minnesota Legal Services,
- Red Lake Tribal Services, and
- Rural Minnesota Concentrated Employment Program (CEP).

CHAPTER 2. SELF-SUFFICIENCY PLUS

Bi-County CAP served as the coordinating agency and as the fiscal agent for the project. The agencies that provided case management services were:

- Bemidji Adult Basic **Education**,
- Bemidji Indian Employment Council,
- Bemidji State University,
- Bemidji Technical College,
- **Bi-County** CAP, and
- Red Lake Tribal Services.

In the original grant proposal, Rural Minnesota CEP had been listed as an agency providing case management services. However, because the fee for case management services provided in the grant was less than what Rural **Minnesota** CEP received from the county, they declined to provide those services, but did remain as a networking agency.

Although each partner agency provided somewhat different case management services for each participant, a brief summary will be given of some of the typical case management services provided to the participants at each of the partner agencies.

1. Bemidji Adult Basic Education. The participants would fill out the regular intake registration forms and provide information on their short- and long-range goals. The participants would then be given either the Adult Basic Learning Examination or **the** GED Practice Test to determine what their basic skill levels were. The case manager would discuss where the participants were in their lives, try to get them to be realistic in their goals and expectations, and try to get them involved in building an educational plan for themselves. **The** participants would then become involved in specific educational programs and would be in regular contact with the case manager. When necessary, the participants were given appropriate referrals to other agencies.
2. Bemidji Indian Employment Council. The case manager would interview the participants to determine what their employment goals and their educational and employment backgrounds were. **The** case manager would then try to set up appointments for the participants with employers, go through the interviewing process, and help the participants prepare resumes. Following the interview with the employer, the case manager would contact the employer and attempt to learn why the participant had or had not gotten the job. The case manager would maintain regular contact with the participants to provide needed services and to monitor their progress.
3. Bemidji State University. An intake conference was held with each of the participants. During this conference, the case manager would go over the participants' goals and the barriers to attaining those goals and then, with the participants, would determine what steps should be taken and what resources were needed to attain those goals. These included information on financial aid, career counseling, how to prepare for school, and how to **fill** out admission forms. The case manager also provided the participants with information on child care, tutoring, car

CHAPTER 2. SELF-SUFFICIENCY PLUS

pooling, and how to work with the **Placement** Office. Those participants who were interested and qualified were then enrolled in appropriate education programs. When these participants enrolled in the university, the case manager maintained contact with them through letters, calls, visits to the case manager's office, or informal visits in the student union.

4. Bemidji Technical College. The initial contact with the participants was through a letter from the case manager, reminding them of their appointments. At the initial appointment, the case manager interviewed the participants to determine what their goals were, informed them of what their rights were, and of the types of things they needed to do in order to be admitted to the technical college. Some of the topics covered were financial aid, career information programs, and support systems. In some cases, the case manager literally walked participants through the financial aid and admission procedures.

Following the initial visit, the case manager maintained contact with each participant at least once a month through a phone call, letter, or personal visit on campus. Before enrolling in the technical college, the participants were given appropriate tests, such as the Test of Adult Basic Education or The General Aptitude Test Battery. If the participants enrolled in the technical college, some become involved in additional programs such as the Explore Career Choices program or the Discover Program (to get women into nontraditional technical occupations).

5. Bi-County CAP. Initially **Bi-County** CAP had three case managers, but one moved and her cases were taken over by the other two case managers. The case managers had the participants complete the intake form used by Bi-County CAP with its other clients, and then complete and sign a form indicating what their short- and long-term goals were. The participants were then given an initial task or assignment to complete. The case managers made one to two home visits per month to each of the participants. Among the services the case managers provided for the participants were help with budgeting, encouraging them and showing them how to take action steps to attain their goals, making numerous referrals for them to other agencies for needed services, helping them to prepare job resumes and search for jobs, assisting them with completing applications for additional education, etc. Implicit in the services offered by these case managers were developing the trust of the participants, affirming their successes, reviewing their goals, and helping them to deal with problematic situations in which they found themselves.

6. Red Lake Tribal Services. The case manager made at least one home visit a month with each of the participants. **The** initial visit focused on determining what the participants' goals were and what was needed to attain those goals. The types of services provided included helping the participants to find jobs, referring them to educational programs to get their **GEDs** or more specialized types of training. It also included such basic things as providing a voucher to purchase gas for a participant's car so that **he/she** could look for a job, and helping a participant obtain a uniform that was needed for a job.

CHAPTER 2. SELF-SUFFICIENCY PLUS

Besides referring the participants to the programs and services provided by the partner agencies, the case managers at the various partner agencies also referred the participants to many other service providers in the region. These included, among others:

- Alcoholics Anonymous,
- Women's Economic Development Corporation (**WEDCO**) for training,
- the Salvation Army,
- **Community** Education Parenting Classes,
- the Department of Vocational Rehabilitation,
- the State Job Service,
- the Small Business Administration,
- the Early Childhood Family Education (**ECFE**),
- the Job Training Partnership Act (JTPA) Prime Sponsor,
- the Upper Mississippi Mental Health Center for personal and group counseling,
- the Bemidji Food Shelf,
- the Cass Lake Indian Hospital,
- the Leech Lake Reservation Business Committee,
- Success Through Reaching Individual Development and Employment (**STRIDE**),
- Esther House (half-way house),
- the Cancer Support Group, Women, Infants, and Children (**WIC**) program,
- the Beltrami and Cass Counties Extension Services,
- the Writer's Guild,
- the Cass and Beltrami Counties Housing Authorities,
- the Battered Women's Shelter,
- the Beltrami and Cass Counties Health Services,
- the Hospice, Cass Lake Accelerated Youth (**CLAY**) program,
- Government Agricultural (**ASGC**) program,
- Minnesota Housing Finance Agency (**MHFA**),
- the Veterans Administration,
- Energy Assistance Program (**EAP**),
- Expanded Food Nutrition Education Program (**EFNEP**),
- Social Security Disability Income (**SSDI**),
- Consumer Advisory Council,
- Johnson **O'Malley** Program, and
- Child Development Licensure (**CDL**).

The extent to which case management services were provided to the participants varied from agency to agency and from participant to participant within each agency. To get a better idea of the extent of services provided, the case managers at the partner agencies were asked how many hours on the average they devoted to case management services for the project participants each month.

CHAPTER 2. SELF-SUFFICIENCY PLUS

TABLE 2
Number of Participants and Average Hours Per Month
Devoted to Case Management Services

<u>Agency</u>	<u>Hours per Month</u>	<u>Total Participants</u>	<u>Hours per Participant</u>
Bemidji Adult Basic Education	15	4	3.75
Bemidji Indian Employment	10	7	1.43
Bemidji State University	25	20	1.25
Bemidji Technical College	8	19	0.42
Bi-County CAP-Case Mgr. 1	80	16	5.00
Bi-County CAP-Case Mgr. 2	145	36	4.03
Red Lake Tribal Services	10	7	1.43

According to the data in Table 2, the hours devoted to case management varied from a low of less than one-half hour per month per participant for Bemidji Technical College to a high of 5 hours for one of the case managers at Bi-County CAP.

Although the specific types of case management services provided varied from agency to agency, there was a common thread which ran through all of the case management services. All of the case managers attempted to determine what the self-sufficiency goals of the participants were, what barriers were present, and what steps/actions were necessary to order to attain these goals. The case managers then attempted to maintain regular contact with and provide services (i.e., career counseling, encouragement, assistance with problems, referral to other agencies, enrollment in programs, etc.) to the participants on a regular basis.

Problems and Facilitating Factors. There were a number of problems and barriers present in the provision of case management services to the Self-Sufficiency Plus Project participants. One problem was that one of the partner agencies, the Bemidji Area Indian Employment Council, had a significant turnover in case managers. During the course of the project, three different staff members from that agency (one at a time) provided case management services, and it was apparent in interviewing two of these staff members that they really did not communicate to each succeeding case manager what the Self-Sufficiency Plus Project was all about and what the responsibilities and duties of the case managers were. **The** final case manager at that agency did take it upon herself to find out what she was supposed to be doing and appeared to be conscientious in doing her job.

A part of the case management process was attendance at the monthly partner agency networking meetings. One of the partner agencies providing case management services, Red Lake Tribal Services, had a very low attendance at the networking meetings, and the person from that agency who provided case management services was present at only five of the case management meetings.

CHAPTER 2. SELF-SUFFICIENCY PLUS

There were numerous other problems encountered in providing case management services. **Beltrami** and Cass Counties are both large rural counties with severe winters, high poverty rates, and little in the way of public transportation; only Bemidji has a bus line and that is very limited in the areas it serves. A major problem facing the project participants was transportation. In order to go to an agency to receive a service, or to an employer to interview for a job, or to a school to take a course, it was necessary to have access to a reliable automobile. Since many of the participants were on one or more types of public assistance, and since regulations prohibit persons in some of these programs **from** owning an automobile worth more than \$1,500, reliable transportation was a major barrier to the clients.

II. Discussion of Findings

A. Impact of Program on Clients

It is clear from the process evaluation that was conducted that clients felt very satisfied with the services they received and believed that they **benefitted** from them. From the subjective point of view of the clients, which is essentially what was assessed by the process portion of this evaluation, the program had a major positive impact on the clients. This is important because if the program had been negatively received, it would have been unlikely that the program could have had any impact on the clients. Further, the positive evaluations of the program undoubtedly contributed to the relatively low attrition rates **from** the full treatment group.

From the outcome evaluation, there was no evidence that there was any independent impact of the orientation sessions on clients in isolation from the rest of the program. Thus, although the fact that the orientation sessions were very well received by participants, it appears to be a component whose efficacy derives from its association with the case management features of the program. However, the evaluation design did not allow assessment of the case management component independent of its association with the orientation. The evaluation design essentially assumed that the orientation and case management components achieve their effectiveness by being delivered as a package.

There was no evidence in the outcome evaluation that those who received home visits responded differently to the full treatment than those who did not. However, participants were not randomly assigned to receive or not receive home visits. Instead, this variable was a **function** of the particular agencies doing the case management. As a result, no conclusions can be drawn from the lack of differences between these two groups concerning the efficacy of home visits as a part of case management. It should be acknowledged that evaluating home visits was never a goal of the outcome evaluation; this analysis was only made possible by the fact that a nonrandom group of participating agencies made home visits. The demographic analyses were intended, in part, to detect unanticipated outcomes. For example, participants with a particular set of demographic characteristics may have achieved self-sufficiency while those with a different set may not have. Examination of the demographic analyses revealed no such patterns.

CHAPTER 2. SELF-SUFFICIENCY PLUS

The only impact of the program that can be documented from the outcome evaluation is in the area of education. While these effects are small, they consistently point towards greater educational attainment by those participants who received all of the services of the program. Comparisons of the Full Treatment Group (**FT**) and the Non-Treatment Comparison (**NTC**) Group show that: 1) Substantially more of those in the Full Treatment Group enrolled in educational programs than those in the Non-Treatment Comparison Group (28 percent versus 16 percent) and 2) those in the Full-Treatment Group were enrolled in educational programs for almost two and one-half times as many months as those in the Non-Treatment Group (2.13 versus .87 months). (These are means per client for the program's **12-month** reporting period); **and**, 3) those in the full-treatment group received more than three times as many **diplomas/certificates** (.13 versus .04 diplomas/certificates), as shown in Table 3. (Again, these are means per client for the **12-month** program reporting period). When this project was originally proposed, it was recognized that educational attainment is, in many cases, a precursor to reduction of reliance on public assistance and attainment of satisfactory employment. It was anticipated that there would be positive effects of the program on education that would not manifest themselves in reduced public assistance reliance and enhanced employment within the 2-year scope of the program. Assuming that the educational advantages achieved by the Full Treatment Group participants are precursors of later increased employment and wages, it may simply be that additional tracking of the participants is necessary to document the ultimate impact of the program in these other **areas**. Further, additional educational gains beyond those documented during this **2-year** period may follow in time for clients in the program.

TABLE 3
Means for Education Outcome Measures

<u>Measure</u>	<u>Orientation Only</u>	<u>Full Treatment</u>
Percentage Enrollment in Educational Programs	11%	28%
Number of Months Enrolled in an Educational Program	.64	2.13
Number of Diplomas! Certificates Received	.03	.13

Note: All values are means for a **20-month** reporting period.

It was expected that such things as educational background, number of children in the house, or interest in the program would be mediating factors in how effectively the program would work. In fact, there was ample evidence (in the form of main effects of the demographic variables) that these characteristics were related to the initial self-sufficiency of the participants. However, the outcome evaluation found no evidence that demographic characteristics of participants differentially impacted the effects of the program.

CHAPTER 2. SELF-SUFFICIENCY PLUS

This suggests that where the program was effective, in the area of education, it was successful across the range of participants who were served despite any impediments with which they may have entered the program.

B. Discussion of Expected Outcomes Compared to Actual Outcomes

If one reflects on the nature of these three areas, it seems understandable that little movement would have occurred during this relatively short span of time. Given that more of those in the Full-Treatment Group were participating in educational programs, they probably had a continuing need for public assistance as well as having less time available to seek and engage in gainful employment. Thus, at the end of the **2-year** program period, we were not able to show differences between the Full-Treatment Group and the comparison group except in the area of education. Movement toward self-sufficiency as measured by the employment, public assistance, and life satisfaction outcomes would be expected to follow once the benefits of increased education are manifested. In addition to showing greater educational attainment in the outcome portion of the evaluation, those who participated in the program were very satisfied with it as evidenced in the process evaluation. Instead, the lack of strong support of the original hypotheses may stem from the inherent difficulty in achieving greater self-sufficiency in such a relatively short period of time.

C. Institutional Impact

In order to assess the institutional impact of the program, staff members involved in the program were interviewed regarding their perceptions of the extent of the impact. Their perceptions are reported below. A comparison of these perceptions with the findings of the process evaluation supports the descriptions provided below.

1. Community Action Agency

After operating the Self-Sufficiency Plus Project and providing case management, the Bi-County CAP has seen the self-sufficiency component to be very beneficial to clients and has incorporated the self-sufficiency component into several Bi-County CAP programs:

- Women in New Development
- Youth Employment Training
- Transitional Housing
- Literacy is Family Enjoyment
- Comprehensive Services for Youth.

CHAPTER 2. SELF-SUFFICIENCY PLUS

Because of the monthly networking meetings, which produced a better working relationship between partner agencies, the Bi-County CAP has asked other agencies to be a part of grant applications. Also, because of this better working relationship with partner agencies, staff have sought their assistance for recruitment for appropriate programs. Thus, there is evidence of greater coordination of programs between the Bi-County CAP and the other partner agencies.

2. Partner Agencies

Partner agencies valued the monthly networking meetings as evidenced by their regular attendance and their **willingness** to continue meeting after the project was completed. Partner agencies shared information regarding their agencies, shared experiences with clients, and became more aware of the resources that were available for their clients. Some partner agencies commented that they felt that they did a better job serving self-sufficiency clients, as well as their regular clients, because of information obtained at the networking meetings. Partner agencies have become more aware of networking and have asked the Bi-County CAP to support or be part of grant applications that they have submitted.

3. The State

Some grant agencies have requested that networking be part of future grant applications. Because the networking group was already in place, it was able to apply for a Phase II Grant with the State Planning Agency for an Adult Literacy project. Earlier phase I grants were funded to implement a networking **group**.

4. Other Organizations

A recent trend among funding agencies has been to request a case management model or a self-sufficiency component as a part of all grant applications. A current Request For Proposal (**RFP**) from the Department of Health and Human Services (DHHS) for Family Support Projects contained the listing, "Availability of Financial Assistance and Request for Applications for Head Start Programs to Support the Efforts of Head Start Families to Attain Self-Sufficiency." Recent **RFPs** from DHHS for a Parent/Child Center contained the listing, "Discuss How the Needs of Families Would Be Addressed to Assure Their Participation in the Parent/Child Interaction and Self-Sufficiency Aspects of the Program."

This trend indicates that the case management model with more outreach and individualized services has been an effective experience for the partner agencies.

CHAPTER 2. SELF-SUFFICIENCY PLUS

D. Replication Issues

One replication issue relates to the characteristics of the sample. The two county regions from which the sample was drawn is largely rural in character and has a larger percentage of Native American Indians than would be seen in most Midwestern counties. **The** characteristics of the sample are presented in Table 1, Participant Characteristics. It should also be noted that the sample comprised only those people who expressed interest in participating in a project such as this. Despite these apparent limitations to generalizability, none of the demographic characteristics that were examined were correlated with the effectiveness of the program. These included gender, age, race, number of children in the household, availability of a car, travel time to Bemidji, interest in participating, and amount of education. These results suggest that the educational gains exhibited by treatment group participants hold across a diversity of participant characteristics.

A second issue involves the replicability of the program at other sites. Although the basic elements of the program seem transportable (e.g., agency networking, case management, consumer advisory group), the process evaluation suggested several possible relevant issues. For example, not all of the partner agencies followed the same model for providing case management. In a replication of the program, it would be desirable to either ensure the consistency of the treatment model across agencies or to arrange an evaluation of options within the treatment model through systematic manipulations of the model and random assignment to treatments.

A third issue relates to the importance of various program components. The process evaluation found no impact of the orientation sessions by themselves on the outcome measures. Because all those in the Comparison Group also went through the orientation, it could not be determined whether or not participation in the orientation contributed to the educational gains found. The orientation should probably be retained in future replications, although it might be possible to deemphasize the treatment components of the orientation while retaining its administrative components. The presence or absence of home visits was not found to **influence** any of the results, but these analyses were post hoc, confounded with the particular agency providing the visits. Thus, cause-and-effect conclusions regarding the efficacy of home visits, per se, is precluded. Until definitive conclusions can be drawn, retention of the home visit component seems prudent. These issues would have to be addressed if an attempt was made to replicate this program at another site.

Section II

CASE MANAGEMENT COMPONENT -- URBAN

Chapter 3

Family Self-Sufficiency Project

Knoxville-Knox County Community Action Committee

Knoxville, Tennessee

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

Agency: Knoxville-Knox County Community Action Committee
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Project Type: Case Management

Project Title: Family Self-Sufficiency Project

Model: Family Support Services

Project Period: October 1988 to June 1991

I. Background

It has been argued that our major job training programs are of limited usefulness to the most disadvantaged in the population because they are narrowly focused on skills development, without enough attention to the many barriers that preclude participation in these programs. Without funds to maintain some of the basic needs of life, people cannot afford to commit the time and energy needed for training. This is reflected in the need for child care during training, for transportation to training sites, for nutrition and health care necessary so that trainees can fully participate in training, etc.

Lack of some sort of social support system can also be a major barrier to participation. Relationships with spouses or other significant social and family connections can have significant impact on the training experience. Thus it is argued that the "family" should be part of the support package.

A. Purpose of the Program

The Family Self-Sufficiency Project (**FSSP**) being evaluated sought to demonstrate that, by providing means to help overcome barriers to participation, a higher proportion of program participants would achieve success in training. For this demonstration, success is defined as obtaining a job at a level that would lead to self-sufficiency.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

The project proposal emphasized that its approach would:

- provide “integrated” support services not currently included in the **JTPA** program;
- target unemployed males and others not currently receiving Aid to Families With Dependent Children (AFDC) benefits;
- target training for jobs with pay above the “poverty” level;
- work toward “family unification;”
- emphasize health, nutrition, and lifestyle changes; and
- seek to provide a wide range of housing and transportation options for participants.

At issue is whether the project was able to provide those support services, and if so, whether they made any difference.

It is clear that support services were available in this more flexible and comprehensive environment, and that this did, indeed, assist many participants with training needs. It is less clear whether the support, in itself, is enough to move people into training and other action to obtain self-sufficiency.

B. Project Hypothesis

The basic project hypothesis stated that:

Participants in job training programs who receive integrated family support services are more likely to complete the job training program successfully and to earn income at a level that contributes to family self-sufficiency than are job training participants who do not receive integrated family support service.

The project was to focus on removal of barriers believed to impede success in getting into and completing job training, and thus moving toward jobs and self-sufficiency. Certain interventions were planned - the main one being the provision of a full range of support services intended to remove barriers to participation in training. These support services were to be coordinated with the assistance of case managers working closely with participants to seek out and secure resources in the areas of child care, housing, transportation, health care, personal development and life skills, and family relationships. These services and resources were targeted to the participant *and* his *or* her **family**, and were designed to facilitate moving that participant into training which, it was assumed, would then lead to a job paying a living wage. The breadth of support, and the key coordinative role of the case manager were considered the significant elements to be demonstrated by the project.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

C. Project Evaluation

The original plan for the evaluation was based on a target group of 40 people to be compared with 40 program participants. This plan was changed because of unexpected developments.

- The number of participants in the program grew from 40 to 120. **This** substantially changed the scale of the operation.
- The selection process used for the target group relied heavily on referrals from other agencies. It did not seem practical or wise to seek a second round of referrals of people who, unlike the target group, would receive no program services (support services, employment **counseling**, etc.) and would be used as a control group.
- The cost of assembling a control group using the same selection methods and criteria that were used for the target population would have been prohibitive.

The possibility of creating a control group of people who had applied but not been accepted for the program was considered, but this seemed to assure bias based on the selection criteria.

As described below, the nature of the project changed dramatically when the decision was made to recruit new participants from the existing Job Training Partnership Act (JTPA) participant roles. As the enrollment of participants grew larger, the opportunity for internal comparisons offered some potential for examining the effect of different influences within the FSSP population, and perhaps identification of useful subsets within the later population.

D. The Model

The model set forth in the original grant proposal suggested a straightforward process leading from an initial encounter with a potential participant through a series of well-defined steps to a planned successful conclusion. The reality was that the staff was overwhelmed by demands for service. The personnel were very cooperative, and incredibly dedicated, but the time and motivation for dealing with subtle distinctions and categorizations was limited.

One aspect of the evaluation deals with the process by which participants were assisted toward **self-sufficiency**. We hoped to draw conclusions about which interventions seemed most useful in effecting a positive outcome for participants. The other major aspect of evaluation deals with program outcome. Positive outcome was originally to be measured primarily by changes in *participant's income*. However, it became evident very early in the project that it was not realistic to expect economic self-sufficiency for most participants within the **2-year** span allotted for the project. Like other similar projects, this project then focused on *movement toward* self-sufficiency.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

In a world where nothing is new under the sun, “innovation” is a difficult concept to measure. Nevertheless, there are aspects of this project that represent significant departures **from** existing practices.

(1) **The** comprehensiveness of integrated family support services was different from the more narrowly defined missions of typical governmental social services agencies. Access to flexible funds provided tools to case managers and clients that appear to be very useful in overcoming barriers that are not addressed in many assistance programs. Examples are funds for purchasing eyeglasses for school, replacing a missing drivers’ license or purchasing suitable clothing to begin an office job.

(2) While case management can hardly be called a major innovation, it is unlikely that the project’s comprehensive approach could work without this function. The experience in this project suggests that case management will lose effectiveness as the case load grows. At the same time, the combination of flexible resources and case managers with control over those resources offers opportunity for negative aspects of bureaucracy to develop, such as a gatekeeper function.

(3) **The** availability of the supportive services of the program to the participant’s household/family unit, while not different in appearance **from** the services provided by traditional family service agencies, may be innovative. The ability of the program to adjust to the unique circumstances of the participant was a positive element. For instance, in several cases, a less-than-enthusiastic participant could be replaced as the main focus of training and development by a spouse or significant other.

Nine partner agencies and businesses were an integral part of the FSSP as members of a Family **Self**-Sufficiency Task Force. These agencies were:

- the Department of Human Services (DHS),
- Planned Parenthood,
- Department of Community Development of the City of Knoxville,
- Knoxville’s Community Development Corporation - i.e., Knoxville’s public housing authority, KCDC
- Habitat for Humanity,
- Greater Knoxville Chamber of Commerce,
- Casey Jones Insurance Company,
- the Knox County Health Department, and
- the Urban League.

The Task Force also included a representative from Head Start, and representatives from each of the Community Action Committee’s (CAC) three Neighborhood Centers, the Private Industry Council, and the program participants.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

Representatives of the nine partners met together in an FSSP Task Force 16 times during the program period. The Task Force received training related to the research and needs assessment information gathered during the development of the project. They developed criteria for the utilization of Family Self-Sufficiency funds. They heard reports about the progress of the participants and the program. They provided assistance to the staff in identifying and obtaining integrated family support services such as housing, transportation, insurance, and health services. Staff asked the Task Force members for assistance with solutions to address particular problems they were encountering as they sought to meet the specific needs of participants.

The meetings also became opportunities for director-level staff of key agencies concerned with low-income families to share information about new options in their programs. Members learned from the FSSP program and from one another of ways to better address issues with their own participants. The meetings focused on the complexity of the problems faced by families in trying to become self-sufficient. The Task Force meetings increased understanding among participants of the barriers to self-sufficiency, such as the relationship of jobs that pay a living wage to the reality of having families become self-sufficient. For example, work by a task force member showed that a family that included a single mother with two children needed \$8.91 - \$11.14 an hour in order to be self-sufficient in this community. This is especially difficult to achieve when one realizes that the average wage of those completing JTPA training in the most recent follow-up data of March 1991 is \$5.55. As Task Force members saw the results of the FSSP case management model, they became advocates for that method in their agencies. New self-sufficiency case management programs have begun at DHS, KCDC, and within CAC.

E. Eligibility Measures

Providing comprehensive services puts the case manager in the position of accessing resources from numerous programs, both public and private. Many are means-tested or have other eligibility requirements that derive from the standards of the resource agency and/or from legislation establishing the program. The inconvenience and confusion created by differing standards of eligibility and a difficult technique for calculating the components of eligibility may in itself be a barrier to participation. Such determinations are time consuming and distract from the service provision aspects of the case manager's role. Some type of universal eligibility standard for programs serving low-income populations would have contributed to improved efficiency.

At the outset, the project planners set what seemed like reasonable criteria for the ratio of participants to case workers (case loads not over 20). Yet there were complaints about heavy case loads from time to time. In retrospect, some method of continuous explicit monitoring of case load size and of frequency of contacts with participants might have helped maintain the desired levels. The table below describes the relationship between the number of clients and the number of staff members over the course of the project. The time periods are defined by changes in the number of staff available. In Table 1, each period begins with the date of a departure or arrival of a staff member, which changed the number and combination of staff members. "Client enrollment" is the number of participants enrolled up to the beginning of the period, less any who had formally left the program (e.g., training class finished, or staff

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

notice of termination sent to participant). Included here are **all** “active” clients from the next column, plus some who are still listed as participating, but have not been in recent contact. Active clients are those who were **currently** working with staff on a regular basis. **The** emphasis on family in the case manager’s role means that the case could actually mean dealing with several people. The number of participants **and their families** in the participant population totals 419, so each case involved services to **3-1/2** people, on the average.

The ratio of active participants to staff member varied from 13 in April 1990 to 33 in the fall of 1990. Interpretation is somewhat complicated by the fact that one staff member, the Program Manager, had administrative duties that reduced time available for providing participant services. The proportion of the Program Manager’s time allocated to direct contact with participants could vary with the stage of the project, management needs, and the personal style of the specific manager.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

TABLE 1
Enrollment and Client/Case Manager Ratios Over the Life of the Project

TIME PERIOD	STAFF ID CODE **	NUMBER OF STAFF	CLIENT ENROLLMENT	TOTAL ACTIVE CLIENTS	RATIO TOTAL CLIENTS/ STAFF	R A T I O ACTIVE CLIENTS/ STAFF
1	A	1	2	2	2.0	2.0
2	AB	2	4	3	2.0	1.5
3	ABC	3	7	6	2.3	2.0
4	A C	2	40	39	20.0	19.5
5	A CD*	2.5	43	42	17.2	16.8
6	CD*	1.5	37	36	24.7	24.0
7	D*E	1.5	37	34	24.7	22.7
8	D*EF	2.5	43	40	17.2	16.0
9	EF	2	43	39	21.5	19.5
10	EFG	3	43	39	14.3	13.0
11	E G	2	56	54	28.0	27.0
12	GH E	3	54	52	18.0	14.0
13	GH	2	62	59	31.0	29.5
14	GHI	3	104	98	34.7	32.7
15	GH*I	2.5	103	77	41.2	30.8
16	I G	2	80	54	40.0	27.0

* Indicates half-time position.

** Each letter represents a specific staff member.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

Table 2 is referenced to the time periods discussed previously, indicating enrollment and departure within each period. Except for the new enrollment column, the columns are not cumulative, nor would the totals be meaningful. The term “dropped out” implies voluntary departure from the program. “Formally removed” might include termination from class or a “notice of termination” letter.

TABLE 2
Enrollment Over Time

PHASE	BEGIN DATE	END DATE	NEWLY ENROLLED DURING THIS PHASE	CONTINUED ACTIVE ENROLLMENT INTO NEXT PHASE
1	Oct 1 88	Dec 31 88	0	0
2a	Jan 189	Mar 30 89	0	0
2b	Apr 189	Jun 15 89	4	3
2c	Jun 16 89	Aug 31 89	36	34
3	Sep 1 89	Jan 31 90	5	3
4	Feb 1 90	Apr 30 90	7	7
5	May 1 90	Jul 31 90	0	0
6	Aug 190	Nov 30 90	24	24
7	Dec 1 90	May 31 91	52	41
8	Jun 1 91	Jun 30 91	0	0
TOTAL			128	N/A

Of 128 people enrolled during various phases of the project, 24 dropped out before the end of the phase in which they enrolled. Seventeen were no longer considered active participants in the project and received official notification to that effect.

In addition to the project costs for maintaining and administering the staff, the project budget included funds to assist participants in overcoming barriers to effective involvement in training programs. Guidelines established by the staff in collaboration with the Partners' Task Force were broad, simply indicating that the expenditures were to be used for supplemental training costs and other supportive services (e.g., child care, housing assistance, medical and dental services, insurance payments, eyeglasses, and transportation) and others as identified by the FSSP project manager. An effort was made to distinguish between expenditures made in the context of a plan as opposed to dealing with short-term emergencies. In practice, it appears that this was a difficult distinction. Many purchases (e.g., boots for welders or tuition and books for technical school classes) were clearly training-related. However, many of the barriers to continuation in training classes were crises (e.g., evictions, medical conditions, and automobile breakdowns or accidents), which became real emergencies because the participants had no

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

independent financial resources. The guidelines emphasized helping participants utilize established community agencies wherever possible. The FSSP funds were not to become a substitute for other resources and, in practice, the staff was diligent in searching for alternatives before recommending that the FSSP support funds be used.

Payments were normally made to suppliers of services and not to the participants themselves. There were difficulties with some vendors because of slow payments. Writing checks involved negotiating the procedures of two governmental agencies - the CAC and the county office that handles the CAC's bookkeeping. Since many of the situations involved emergencies, the inability to respond quickly limited the program's efficiency to some degree.

Payments by the FSSP on behalf of specific participants or their family members were categorized by purpose and entered into a computer database. A total of \$70,774 was expended for direct support for participants and their families. Thirty-eight percent of the support payments went for transportation assistance and another 37 percent for child-care reflecting the significance of such areas as barriers to participation in training and employment. The bulk of transportation expenses went for gasoline and auto repair. Child care payments went largely to licensed **daycare** facilities. A particularly important support was payments to a neighboring county hospital that maintains a **daycare** facility for sick children. Not all participants were able to have access to such a facility, since none exists in Knox County. The project **files** are replete with references to missed classes, delayed appointments, etc., because of sick children.

The mean level of expenditure per participating family for the total project population was about \$590. About a third (35%) of the families who received direct support required less than \$200. At the other end of the range, four participants and their families each received more than \$2,500 in direct support. Only one family received the maximum (set by the Task Force guidelines) of \$3,500 per participant. **Three-fourths** of that particular participant's support was for assistance with child care, which is typical of other families receiving relatively high levels of support funds.

There were also differential costs for various outcome groups. The investment of support funds for those who successfully completed training averaged \$696, while those who never enrolled in training averaged only \$198 per participant. Similarly, participants with permanent employment at the close of the project averaged \$664 compared with \$480 for participants who were unemployed.

There were other costs that can be identified with specific participants. The training costs were available from JTPA. These were not paid from FSSP funds, but were part of the cost of the training. The total cited by JTPA was \$123,000 for the project or about \$1,200 per trainee. These costs vary widely across various types of training programs. The training costs identified with one group of welders, for instance, averaged \$3,227 per trainee, while a basic office skills class cost \$675 per trainee.

CHAPTER 3, FAMILY SELF-SUFFICIENCY PROJECT

TABLE 3
Selected Expenses By Group

GROUP (#)	FSSP DIRECT SUPPORT (\$)	JTPA TRAINING COST (\$)	JTPA IN-KIND SUPPORT SERVICES (\$)
A (40)	18,747	13,836	0
B (12)	3,109	1,275	0
c (17)	19,909	37,590	0
D (8)	4,624	25,816	0
E (8)	4,367	8,000	1,708
F (11)	7,378	16,291	148
G (31)	11,507	20,640	4,563
H (1)	1,134	80	0
TOTAL (120)	70,774	123,528	6,419

TABLE 4
Average Direct Total Expense Participant
(n = 120)

	TOTAL (\$)	AVERAGE/PARTICIPANT (\$)
Housing*	4,476	37.30
Transportation	26,942	224.52
Training**	2,878	3.98
Child Care	26,104	217.53
Health	6,373	53.11
Other	4,000	33.34
Total	70,774	589.79

Does not include KCDC indirect subsidy (housing assistance).

* Does not include JTPA indirect subsidy (training costs).

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

F. Participants and Services Provided

After a description of project objectives and discussion of participant responsibilities, a total of 128 people signed agreements relative to family involvement, disclosure of personal information, etc., and proceeded at least to the point of an initial assessment interview with a staff member. A file folder for each of these people was created by the staff. The contents of that file became a major source of input to a database that holds coded information about household and family characteristics, income summaries, training and education information, dates, degree of success in components of the program etc. Another database cataloged and categorized all expenditures made on behalf of participants by the **FSSP**.

Although 128 participants were listed, the population served was considerably larger, since the terms of the project required that family members be assisted where helping them meet their needs would contribute to training the participant. In some cases, this included enrolling a spouse in training, or even replacing the initial participant, as principal focus of project attention. If "family" is defined to include all of the people living in the participant's household, including the participant, a spouse or significant other, adult relatives, adult nonrelatives, and children, then **there were** about 419 people with an interest in the project's potential services. This number drops to 387 if the instant dropouts who left the program immediately upon entry are subtracted.

Table 5 shows the distribution of labor force statistics of participants at the beginning of the project. About 40 percent of the entire participant population (51) completed some form of training while they were enrolled in the FSSP. Of these, about half were reported to have had a full-time job at the end of the program.

TABLE 5
Relationship of Training to Employment
at End of Project
n = 128

	EMPLOYMENT STATUS					
TRAINING STATUS	Full-Time	Part-Time or Temp	Looking or Unemployed	Training	Unknown	Total
Completed	25	9	11	6	-	51
Partial or None	8	4	25	2	4	43
In Training	-	1	1	15	-	17
Unknown	8	1	6	-	2	17
Total	41	15	43	23	6	128

Nearly a third of the participants (43) did **not** complete any training program, although they may have participated for some length of time without completion. Of those who did not complete any training program, only about 20 percent were in full-time jobs at the end of the program, a substantially smaller proportion than those who completed training.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

The proportions are reversed when considering the situation of the unemployed. About 20 percent of those who completed training were unemployed, while 58 percent of those who did not complete or received no training were unemployed.

Another group of 76 participants recruited from already-established **JTPA** classes (surgical technology, welding, basic office skills) had already achieved one objective of the project - **they** were in training. They are divided by the type of training provided (Groups C - H).

II, Discussion of Findings

A. Impact of Programs on Clients

Over the course of the project, 128 participants were enrolled. However, eight people had essentially no involvement after signing up and completing their initial assessment interview. In spite of valiant efforts by the staff to contact those persons and to encourage participation in the program, these non-participants disappeared within a month or two after enrollment. From miscellaneous referral sources, 52 people were enrolled into the initial groups of participants. About half (27) of these participants received some type of training (Group A), ranging from "basic skills" to surgical technology. Another 17 received some support services, but no training (Group B). Eight left the program six or eight weeks after enrolling, without significant involvement in services of the FSSP.

Because these eight "instant dropout" cases were not subjected to any significant intervention activity, and because of lack of information about them, they will not be discussed further in this section. This lowers the pool of participants to 120.

Support Services, But No Training(17 cases)

Seventeen participants (Groups A and B) were not in any training program during their enrollment in the FSSP project. (All of these, of course, had enrolled in the program with the stated goal of getting into training.) Theirs was not necessarily a negative experience, since support services provided to them and their families might, in the long run, serve as a basis for further personal and vocational development. **The** 17 participants plus members of their households totaled 57 persons of various ages with potential needs for service.

On the average, these 17 participants were actively involved in the program for nearly 15 months. The range was from 6 months to 2.75 years. As might be expected, "lack of interest" was associated with short periods of program involvement. **The** staff lost contact with three participants about 6 months after their enrollment. Nine of these 17 had some type of job when they left the program. In fact, finding a job was often a precipitating factor in their decision to leave the program early.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

Group I - No Training

Of the nine jobs held by participants in this “no-training” group, all but two were low-paying, low-skill, insecure jobs, which clearly did not meet the standards of self-sufficiency. Many were low-paying jobs with few benefits, such as car wash **attendant**, hospital housekeeper, etc. (In fact, at least one of these low-paid workers has been laid off since he left the project.) The combined efforts of FSSP assistance in stabilizing the lives of participants may have facilitated their efforts to find or to hold onto jobs that might not have been possible without that stabilization. Although this is not a very large move toward self-sufficiency, it does represent movement from a jobless status.

Group II - Received

The remaining 27 participants in the initial groups received some training during their enrollment in the FSSP. Eight were still enrolled at the close of the project. Nine of the remaining 19 either dropped out (7) or were terminated from class by the instructor (2). All but one of them were unemployed at the end of the project. The job of the other individual was unrelated to the training received by that person.

TABLE 6
Training and Employment Status
Group With Training
(n = 27)

TRAINING	EMPLOYMENT AT END OF PROJECT			
	Full-Time	Temp/Part-Time	Unemployed	In Training
Completed (8)	4	3	1	0
Partial (2)	1	0	1	0
Dropout/Terminated (9)	1	0	8	0
Enrolled at end of Project (8)	0	1	0	7

Eight of the 27 people undergoing training and receiving family support successfully completed their training. Of the eight, four had completed their training and had a job related to their training.

About 85 percent of the cases received support services from the staff and assorted community agencies. About half of these were in training for at least some time during the course of the project. Staff observations and case records suggest that some number of these trainees probably were there only because of staff support and other FSSP support services.

Overall, about a third of the trainees finished their training, a third were still in training at project end, and another third were lost along the way. The experiences with this group suggest that those who finished training did, indeed, stand a better chance of being employed. The experience with the initial groups would suggest some support for the hypothesis that support services and training are basic elements of providing for self-sufficiency.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

TABLE 7
Training Status By Group

Training Status	II	I	C	D	E	F	G	H	Total
Total Participation	33	11	17	8	8	11	31	1	120
Training Enrollment	22	5	17	8	8	11	31	1	103
Completed	6	2	12	6	0	9	16	0	51
Partial	2	0	1	2	0	0	4	0	9
Drop Outs or Terminated	8	1	3	0	1	1	11	0	26
Currently Enrolled	6	2	1	0	6	1	0	1	17

* Excluding 8 early dropouts

Group III

As noted earlier, the project's role in these groups was more straightforward: to support existing training groups of **JTPA-sponsored** trainees. The whole matter of helping participants get into training was side-stepped. **The** only task was to help them **finish**. Seventy-six persons were enrolled in FSSP through this route. Forty-three (about 57%) of these completed training, according to FSSP records. Another seven (9%) accomplished some useful training but not enough for formal completion. Seventeen (22%) dropped out or were terminated by instructors, and 9 (12%) were still enrolled at the end of the project.

Income Outcomes

Although Groups I - III and training categories within Group III are not necessarily comparable and are subject to selection bias, lessons may still be learned from the analysis of results.¹ Methodological difficulties aside, a comparative analysis can be performed using the data available. Group I (support services only) exhibited lower monthly earnings after the program than before. This suggests that provision of support services alone may make individuals more dependent rather than more self-sufficient.

Monthly earnings of Group II (who received support services and training) were 56 percent (\$165) higher after the program than before. This presumably reflects the effects of receiving the training. Those in Group III (who were already in training) went from a weighted average monthly earnings prior to training of \$229 to postprogram weighted monthly earnings of \$773, indicating a substantial gain during the program. Although the base earnings level probably is an in-program average, most JTPA participants enroll as the result of unemployment.

Mean monthly family income prior to and after the program, the results are similar. Group I (support services only) exhibited lower monthly income after the program than before. The same result as for monthly earnings for this group. Monthly family income of Group II (who received support services and training) were exactly double the preprogram level of \$325 per month. This presumably reflects the effect

¹ With regard to the potential for bias, note the differences in Table 8 in income for the first and second classes of welders and surgical technology students.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

of receiving the training. **Those** in Group III (who already were in training) went from a weighted average monthly family income prior to training of \$467 to postprogram weighted monthly family income of \$1,058, indicating a substantial pre-post gain.

Examination of the pre-post program monthly earnings and family income suggests that almost all of the change in family incomes was due to changes in participant earnings. Family income contributed from other family members seems to have remained relatively stable over the period.

The salary increase of the 120 families during the program period was \$504,436. This is an average increase of \$4,220 per family. Of the 66 families employed at the program end the average **annual** salary was \$13,138, with an average monthly salary of \$1,094. It is important to note the benefit to the community of this income increase. Federal funds allocated for the program were \$250,000 which reaped an income increase of \$504,436. In one year the program's income benefit, above the federal allocation for the program was \$254,436 ($\$504,436 - \$250,000 = \$254,436$). The skill training received through the FSSP program provided participants with lasting benefits that will enable them to continue with their increased income levels as they market and improve their new skills obtained through training and employment.

TABLE 8
Mean Monthly Earnings of 120 Participants, Self-Reported
Participant Earnings

GROUP (#)	TYPE OF GROUP	INITIAL MEAN EARNINGS	END MEAN EARNINGS
I (11)	Core • Training	\$296	\$ 461
II (33)	Core • Support Only	\$166	\$ 95
C (17)	Surgical Technology	\$256	\$ 677
D (8)	Welders	\$92	\$2,099
E (8)	Surgical Technology	\$176	\$ 228
F (31)	Wedlers	\$175	\$ 911
G (31)	Basic Occupational Skills	\$316	\$ 504
II (1)	LPN	\$244	\$ 244
Mean (120) All Groups		\$250	\$602

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

TABLE 9
Mean Monthly Income of 120 Households, Self-Reported
Beginning and End of Participation
Family Income

GROUP (#)	TYPE OF GROUP	INITIAL MEAN INCOME	END MEAN INCOME
I (11)	Core - Training	\$325	\$ 650
II (33)	Core - Support Only	\$386	\$ 323
C (17)	Surgical Technology	\$431	\$ 976
D (8)	Welders	\$445	\$2,334
E (8)	Surgical Technology	\$448	\$ 584
F (31)	Welders	\$437	\$1,244
G (31)	Basic Occupational Skills	\$534	\$ 737
H (1)	LPN	\$244	\$ 244
Mean (120) All Groups		\$425	\$ 846

B. Impediments to Achieving Self-Sufficiency

As FSSP participants worked to become self-sufficient, barriers were noted that blocked improvement in the life situations of the participant. Efforts were made to remove the barriers and to work with agencies that could help eliminate the barrier. The following barriers were noted:

1. In public housing, an individual's rent increases as his/her salary increases. Discussions were held with KCDC to see if FSSP participants could have the rent increase placed in an escrow account to be used when the family was ready to move from public housing. At this time, this service is only available to participants of U.S. Department of Housing and Urban Development (HUD) demonstration programs.
2. At present, Section 8 **certificates are** not available to persons in public housing developments. It would be preferable for persons to be able to make the following progression:
 - a. Inadequate, poor housing
 - b. Public housing
 - c. Section 8 Certificates
 - d. Private, nonsubsidized housing

Now, people stay in very poor living conditions that are harmful to the family in order to maintain their eligibility for Section 8 Certificates.

3. Public transportation in the community is limited by the hours of service and areas that are served.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

Bus service stops at 6:00 p.m., making it difficult to obtain shift work or even be competitive in meeting the regular hours of work of some businesses. Also, bus service is available only within the city and many industrial parks cannot be reached by public transportation.

4. Skill training programs are available during the day and not in the evening. If a person must work to sustain themselves, he/she is not able to take advantage of JTPA training programs especially designed to assist those with low incomes.
5. Single males and females with low incomes attempting to move toward self-sufficiency do not have access to financial assistance during their training. This is in contrast to females with children who receive financial assistance through AFDC.
6. Some skill training desired or needed by participants was either not available in the community or was available in the community, but the classes were full or timing made it **difficult** for the individual to participate. For example, the training was to be given, but the class would not begin for another 6 months.
7. It is difficult to **find** child care available within the community for sick children and for times when child care is needed for shift work, other than normal daytime hours.
8. Health care is difficult to find. It is hard to find prenatal care even for Medicaid recipients. Individual health insurance is too expensive for low-income families.
9. Car insurance is high, as low-income participants who have not been insured during the **preceding** month have the highest payment rate.

C. Institutional Impacts

The FSSP Demonstration Partnership Program has been the catalyst for developing programs in the community using cash management to help low-income individuals move toward self-sufficiency. The model for the Jobs Opportunities and Basic Skills (JOBS) program uses the development of a Comprehensive Family Development Plan and of an Employability Development Plan. The assessments used are ones that were used within the FSSP. This model was developed by CAC as a result of its experience in the FSSP and presented to the Tennessee State Department of Human Services. This model plan was adopted as the Knox County Model for the implementation of the JOBS program. CAC is administering the JOBS program in the county. JOBS case management will be provided through the following program sites:

1. CAC case managers will work with individuals in the JTPA training program and are located at DHS, CAC Neighborhood Centers, and at a building where some of the JTPA services are located.
2. **KCDC** - the local housing authority - has a program working with individuals living in public housing,
3. **The Partners Program** of the Child and Family Service Agency will have three case managers and a supervisor working with pregnant and parenting teens. The goal will be to assist them in staying in school so that they can continue to move toward self-sufficiency.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

4. **CAC's** Alcoholism and Counseling Program will have two case managers who will work with individuals with substance abuse problems to help obtain training and employment that will lead to self-sufficiency.

Besides the initiatives developed through the JOBS program, there have been a **number** of other opportunities to provide case management services for individuals in training that have been an outgrowth of the experiences of the Demonstration Partnership Program.

1. The KCDC Executive Director was an active participant in the Family Self-Sufficiency Task Force. Drawing on the experience of FSSP, KCDC developed a program then entitled "STARS" (Strategy to Achieve Resident Self-Sufficiency) that was targeted to residents of public housing. The program began as a 2-year demonstration program and was implemented in October 1990.

The STARS program is now **planned** to convert into the KCDC program, mandated to all housing authorities that have Section 8 Certificates and want to request new public housing units through the 1990 National Affordable Housing Act. The STARS program has helped the local public housing authority to be in a good position to implement this mandated program. The agency has adopted self-sufficiency as a goal, staff is in place, partnerships have been developed, and outreach has been conducted so that public housing residents are aware of the program.

One component of the STARS program is a Model Neighborhood option. A section within public housing has been set aside for families **within** STARS who want to live there, to support one another. Twenty-five of the STARS families have selected this option. **KCDC's** experience has led them to want to expand this program in public housing, as well as within their Section 8 housing program. They are currently looking for funding to provide case management to individuals in Section 8 housing throughout our community.

2. Two Job Training for the Homeless Demonstration Projects were **funded** by the Department of Labor as a result of proposals written by the Knoxville-Knox County Community Action Committee that included information gained through the FSSP program. In the first demonstration program, which ended in June 1991, 86 homeless families were provided case management services and it is expected that 80 families will have these same services in a second demonstration program.

D. Replication Issues

Substantially different populations were involved. The objective with the initial Groups I & II (more disadvantaged populations) were to get them into training and keep them functioning as trainees. The latter group was composed of individuals already in training.

On the other hand, participants who came from **already** established JTPA classes (Groups C-H) had already overcome many barriers and had, at least to some extent, convinced themselves that training was important to them. The main task with these groups was providing relatively specific support services and dealing with relatively specific barriers to continuing in training. **These** included emergency financial problems, child care emergencies, and marital and domestic relationships (including spouses who were indifferent or hostile to training and career objectives).

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

The experience with unemployed males was not very successful. Not only was it very difficult to get participation, it was even more **difficult** to achieve long-term involvement. The training for welders and surgical technicians was more successful. There was less success, however, with the latter group of welders. One of the most **difficult** support areas seems to be housing. In spite of strong support by the public housing officials locally, changes were not made that would have facilitated participation.

It appears that for some of those who did not get into training, the FSSP functioned primarily as a kind of private social service agency to aid them in survival, with the connection to training and career development seen dimly if at all. Staff, upon perceiving this, appeared to be doubly frustrated - unable to achieve goals of getting these people into training, and feeling used by people who apparently didn't share the FSSP objectives relative to training (although they had signed on to those objectives when enrolling). A staff quote was, "They only come around when they're out of gas or about to be evicted." In spite of such frustrations, the staff worked very hard at maintaining contact with the clients and became advocates trying to meet their material and emotional needs.

It is clear to an observer on the scene that this project has had a significant role within the CAC. Top management has been closely involved in the FSSP. Lessons learned here have been used with good effect in several subsequent case management programs working with training and employment. Staff of this project have helped train other staff people within CAC. Policies and practices for other projects have drawn from the experience of this one of Knoxville's earliest case management activities.

The program experience identified effective ways to assist people in moving toward self-sufficiency that are replicable for other programs. Following is a listing of these concepts:

1. When helping a person move toward self-sufficiency, a program needs to work with the family unit and not just the person in training. Family members or significant others, have an impact that can either "make or break" an individual's progress toward self-sufficiency. A crisis in the family impacts the family and the person in training.
2. A Comprehensive Family Development Plan, which includes an Employability Plan is a key component of assisting a person to move toward self-sufficiency. The plan is made in a cooperative manner by the participant and case manager. It provides a focus toward long term goals as crises occur for the participant; and is used as a guide for program staff as decisions are made related to the provisions of services by the program.
3. Self-sufficiency program staff need to have the capacity to work directly with community employers in order to help those in training to obtain and maintain jobs.
4. Self-sufficiency program staff need to know and provide information about community training opportunities, and the local job market including salaries and benefits.
5. Self-sufficiency program staff need to know and help participants be aware of and use local social service resources that will help them with their needs as they move toward their self-sufficiency goals.
6. Case loads of case managers need to be kept small (20-30 cases) so that meaningful relationships can develop with individuals in the family units.

CHAPTER 3. FAMILY SELF-SUFFICIENCY PROJECT

7. A staff of a self-sufficiency program should be a multidisciplinary team including people with varied skills such as case management, administration, effective networking, locating training opportunities and job development for specific individuals.
8. It is beneficial to have a Task Force (advisory council) that includes representatives from social service agencies and the business community to work cooperatively, with a program and its staff, in helping people move toward self-sufficiency.

Chapter 4

Operation Community Uplift

Clackamas County Social Services Division

Oak Grove, Oregon

CHAPTER 4. OPERATION COMMUNITY UPLIFT

Agency: Clackamas County Social Services Division
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Project Type: Case Management for Public Housing Residents

Project Title: Operation Community Uplift

Model: Comparison Area Design

Project Period: July 1989 to September 1991

I. Background

A. Purpose of the Program

The target area for Operation Community Uplift (OCU) is two low-income housing projects located on the outskirts of Oregon City in Clackamas County, Oregon. Clackamas County is one of three Oregon counties surrounding the City of Portland and is part of the Portland Metropolitan Statistical Area. The County's 1990 Census population is 278,850 (compared to 255,000 at the time of the original application). Oregon City, population 16,451 (15,000 in original application), is the county seat. The two projects, Clackamas Heights and Oregon City View Manor, are located only one-half mile from each other and are operated by the Housing Authority of Clackamas County.

The Housing Authority of Clackamas County was chartered in 1938, the **first** housing authority in the State of Oregon. **The** Housing Authority owns 4 projects of 100 units each and 145 units scattered in neighborhoods throughout the County.

Clackamas Heights is a **100-unit** complex that was the first public housing built in the State of Oregon. It was finished and opened for occupancy in 1942. The complex has 29 1-bedroom units (duplexes), 50 **2-bedroom** units (duplexes), and 22 **3-bedroom** units (single family). **The** project was partially modernized in 1982 and 1983, upgrading kitchens and bathrooms and replacing roofs and siding. Many of the units were in need of new siding at the beginning of this project (August 1989).

CHAPTER 4. OPERATION COMMUNITY UPLIFT

Oregon City View Manor is a **100-unit** complex that was opened for occupancy in 1964. It is undergoing modernization work under the Comprehensive Improvements Assistance Program, with construction expected to begin in 1989. The project has 12 efficiency units (small 1-bedroom units), 24 1-bedroom units, 30 **2-bedroom** units, 24 **3-bedroom** units and 10 **4-bedroom** units. **The** units are a mix of single family dwellings and duplexes. Both complexes are located in a semirural setting with very limited accessibility to mass transportation.

The comparison group is all of the inhabitants of the Hillside Park public housing site in Milwaukee, Oregon which is 10 miles from the experimental group.

OCU aims at addressing the causes of dependency and the many barriers that prevent low-income people from becoming self-sufficient by bringing together a variety of public and private sector partners to concentrate resources in a holistic approach. The project is located in two public housing sites and centers on a strong partnership between the Clackamas County Social Services Division and the Housing Authority of Clackamas County.

The causes of poverty addressed by this project include lack of training, lack of education, and lack of jobs. **The** barriers that prevent individuals from making progress toward self-sufficiency include low self-esteem, drug dependency, stress, health problems, lack of employment support services (such as tools, clothing, or child care), lack of knowledge about existing resources, lack of trust of government agencies, lack of access to services, poor socialization skills, and personal problems.

While many of the services needed by the target population are available, they are provided by different agencies at different locations throughout the urban area of Clackamas County. At different times in the past, an agency/project has gone into the Housing Authority project site, but the effort has been limited to single programs addressing one type of problem, generally over a short period of time. Services have not been provided in a comprehensive and coordinated manner. Case management has not played a central role.

B. Description of the Program

OCU implements an holistic approach to addressing the complex barriers to self-sufficiency and the causes of poverty for the residents of two public housing sites/communities. The interventions are comprehensive and require the involvement and coordination of many partner agencies. **Case** management plays a central role in working with individuals to develop trusting relationships, action plans with personal goals (short-term and/or long-term as appropriate), and referrals to and coordination with appropriate service providers.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

The objectives for the interventions, and the barriers they are intended to address, included:

1. Develop a variety of self-help groups that **deal** with barriers to self-sufficiency and involve at least 25 percent of the residents.
2. Provide a variety of workshops and seminars aimed at meeting basic human and social development needs, as well as preemployment needs and involving at least 250 residents (50 unduplicated).
3. Provide intensive case management resulting in counseling and direct assistance to at least 250 individuals.
4. Provide employment support services that make it possible for people to go to work.
5. Provide needed physical improvements to the community by replacing the exterior siding of at least 25 percent of the housing at Clackamas Heights.

Client Outreach

Several client outreach approaches were used, including a survey, tenant meetings, distribution of flyers, phone calls, door-to-door contact, sending personal letters to people who expressed interest in the survey or meetings, a newsletter, contacting other agencies, and distributing fact sheets on Operation **Community** Uplift. Tenants were involved in outreach contacts and reminders whenever possible.

The Project Coordinator and/or Project Director attended 14 tenant meetings during the period June 1989 through April 1990 (5 at Oregon City View Manor, 6 at Clackamas Heights, and 3 combined). At these meetings, tenants discussed what self-sufficiency meant to them, provided advice on needed services/activities, and heard updates on the project. **Three** additional tenant meetings were attended in September and October 1990 for project update.

Staff, in their evaluation meetings, identified outreach as very important, but also a very challenging task. People are hard to motivate and involve in programs; staff found participants did not read the materials or their phones were changed or disconnected. A last-minute reminder for workshops or meetings is effective, but very time consuming.

Interventions

Overall, 61 percent of the residents (413) representing 67 percent of the households (172) in the experimental group received at least one intervention. By housing project, this represents 80 percent of the residents (266) of Clackamas Heights, representing 82 percent of the households (110) and 42 percent of the residents of Oregon City View Manor (**147**), representing 50 percent of the households (62). These interventions include the following:

CHAPTER 4. OPERATION COMMUNITY UPLIFT

- Self-help groups
- **Family** Information and Referral Service Teams (FIRST)
- The development of a team of gleaners at the Housing Authority projects to collect surplus food and distribute it to adopted disabled and senior project residents.
- An Unemployment Anonymous Club of at least 15 members at each project site to deal with the problems and feelings of the unemployed. The group met weekly with a facilitator from Clackamas County Employment, Training, and Business Services (**ETB** Services is the local Job Training Partnership Act program).
- Identification of pregnant teens and teen parents and arrangement for participation in Camp Fire's Teen Parent Program.
- Other support groups (including drug and alcohol, seniors, and a project advisory committee).
- Initiation of a "40 Something Plus" Club as a senior support group (a need identified in the needs assessment survey and the staff evaluation meeting at the end of year 1).
- Provision of a variety of workshops and seminars aimed at meeting basic human and social development needs, as well as preemployment needs and involving at least 250 residents (50 unduplicated).
- Provision of intensive case management resulting in counseling and direct assistance to at least 250 individuals and families with personal problems that prevent progress toward self-sufficiency. Some of the problems to be addressed include: medical needs, stress, child abuse, sexual abuse, etc.
- A wide variety of medical, dental, and mental health services are provided under the program. The total number of individuals receiving health and counseling services was 450 (144 unduplicated) - 180 percent of the project goal.
- Social services to the elderly and/or disabled.
- Other direct services including legal aid, budgeting assistance, and enrollment in Head Start.
- Employment support services that make it possible for people to go to work.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

- Child Care, including drop-in recreation programs for children after school. This objective was enlarged to include a Youth Program, an after-school program for all age groups, and a morning preschool program.
- Training and Job Placement - Work with **ETB** Services and the State Employment Office to make appropriate referrals for training and job placement.
- Provision of a variety of employment support services such as tools, clothing, physicals, car repairs, and eyeglasses to remove barriers to employment.
- **Transportation** - Providing assistance with transportation to help people get to needed services or employment. Auto repairs have been provided to 11 people, with most repairs being done for the cost of parts by the local high school mechanics class.
- Provision of needed physical improvements to the community by replacing the exterior siding of at least 25 percent of the housing at Clackamas Heights. With additional funding, the Housing Authority was able to replace siding on all of the units at Clackamas Heights. Renovation of the interior of the units is planned.

Comparison Group Interventions

Residents of Hillside Park (the comparison group) were able to access those services listed above that are available through agencies in the Oregon City area. The services provided **onsite** are those normally provided by or organized by the Tenant Services Manager. We do not know which households or how many (unduplicated) received services. Following is a list of the activities reported by the Tenant Services Manager:

- Information and Referral - The Tenant Services Manager responded to 199 contacts (requests for information) on a wide range of needs: food (26), job assistance (19), home maintenance (19), child care (17), counseling (17), energy (16), education (15), child abuse (14), clothing and furniture (12), mental health (10), in-home support (9), financial (8), transportation (6), alternate living (6), legal (4), and car seat (1).
- Youth Program - The Oregon State University (**OSU**) Extension Service provided a variety of youth programs.
- Neighborhood Events and Activities - The Tenant Services Manager organized a number of holiday social events; a neighborhood foot patrol; educational presentations on crime prevention, parenting, and energy conservation; a community clothes closet and food bank; a neighborhood carnival and an annual neighborhood clean-up days. The Tenant Association also put together a Community Resource Directory.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

- Senior Activities • Four elderly residents of Hillside Park participated in day trips sponsored by the Housing Authority, two attended a senior swim class, and six seniors provided refreshments for youth events.

C. Research Significance

The project's goal was to show that there is a significant difference between the proportion of people making progress toward self-sufficiency in a public housing site/community that receives concentrated and coordinated services and the proportion of people making progress toward self-sufficiency in a public housing **site/community** that does not receive concentrated and coordinated services.

The project was located in two public housing sites and centered on a strong partnership between the Clackamas County Social Services Division and the Housing Authority of Clackamas County.

The evaluation design was quasi-experimental, utilizing a pre- post-test comparison group design. The comparison group is all the inhabitants of the Hillside Park housing site in Milwaukee, Oregon, 10 miles from the experimental group.

The project's success was measured by progress toward self-sufficiency utilizing the following measurements and comparing the experimental public housing site with the comparison site:

- the number/proportion who have increased income
- the number/proportion who decrease dependency on public assistance, and
- the number/proportion who decrease dependency on subsidized housing (as measured by increases in rent and/or moving to nonsubsidized housing)
- the number/proportion of those who have increased self-esteem.

D. Target Population

The target population for this project are those who live in the two treatment public housing complexes. As the following demographics indicate, they are predominantly very low income, have female heads-of-household, and include a high percentage of children living in poverty.

As of September 30, 1991, the experimental group and the comparison group had the following major household demographics (see Table 1):

CHAPTER 4. OPERATION COMMUNITY UPLIFT

TABLE 1
Summary of Population Demographics

statistic	Total Experimental Group	Hillside Park Comparison Group
Household units	258	140
Individuals	682	311
Children Under Age 18	316	127
Average Household Size	2.6	2.2
Single Parent Head of Household	46%	54%
Female Head of Household	66%	80%
Mentally Disabled Head of Household	15%	17%
Physically Disabled Head of Household	12%	12%
Elderly Head of Household	22%	21%
Income Under 125% of Poverty Level	80%	78%
Receive ADC/AFDC*	38%	28%

* Aid to Dependent Children/Aid to Families with Dependent Children

E. Partnerships

The partnerships have been critical to the implementation of this project, which brings together a variety of public and private sector partners to concentrate and coordinate resources in an effective manner. The partners also play a key role as project advisors and are increasing their role as problemsolvers. Agencies included in the partnership group include:

- The Clackamas County Social Services Division (Community Action Agency). Acts as the project manager and is legally responsible for budget management Coordinates interagency activities.
- The Clackamas County Housing Authority. Is a member of the interagency project team. Responsible for coordinating activities at the Housing Authority, developing and maintaining the project data base, carrying out housing improvements, providing project office space, and developing a Child Care facility.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

- Camp Fire. Is a member of the interagency project team, provides the Youth Program and child care slots, assists in the development of the Child Care facility, and provides the Teen Pregnancy Program.
- Four bureaus of the Department of Human Services are part of the partnership:
 - Employment, Training and Business Services provides employment-related workshops, job training, job placement, and assists with the development of the Child Care facility. It also serves as a member of the interagency project team.

Public Health provides a “well child” clinic, dental services to children, primary care services, and an **onsite** quarter-time community health nurse to work directly with residents. They serve as members of the interagency project team.
 - Mental Health provides mental health services through referrals and serves as a member of an interagency project team. In addition, in year 3, Mental Health will provide an **onsite** mental health professional to do mental health assessments and referrals, counseling, mental health education and workshops, and referrals to other services and case management.

Community Development is a member of the interagency project team and provides **funding** for siding improvements.
- Oregon Department of Human Resources. Coordination of service delivery and targeting of additional resources as needed through regular Coalition meetings of State and county agencies.
- Clackamas Community College (CCC). Areas of discussion for CCC involvement included: child care training, life skills training, and access to courses and programs at the college. In year 3, CCC will conduct a series of life skills classes.

Some of the individual State agencies have become active partners. **The** State Children’s Services Division conducted an orientation for project staff. The Adult and Family Services Division’s case managers met quarterly with project staff to coordinate services and when needed to “problem-solve” on individuals receiving case management. **The** Employment Division provided **onsite** job counseling and job bank information. **The** United Way provided funding for a half-time Information and Referral Specialist.

The partners (referred to as the Interagency Project Team above) met 14 times from June 23, 1989, through September 30, 1991. The main purpose of these meetings was to discuss project development and implementation. Most of the time was spent on staff reports and updates and the evaluation. One partnership meeting was devoted to a panel of tenants who described their involvement with and benefit from the project.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

The partners were involved in a self-evaluation process at the end of each year of the project. The partnership evaluation includes a questionnaire mailed to all partners and a follow-up discussion of the results at a partnership meeting. **The** project evaluator is responsible for facilitating and documenting this process. As a result of the partners' evaluation at the end of year 2, the following conclusions and recommendations were made regarding the effectiveness of partner involvement and partnership meetings:

It is important to involve as partners only agencies that can contribute to the project (and feel involvement in the process). Those that attended partnership meetings most often were those actively participating in providing project services. Other agencies invited to participate were unclear what their contributions could be.

To involve partners effectively in a project takes time. Meetings need to be well-organized and preceded by timely meeting notices. An important part of partnership meetings is the sharing of information regarding agency programs and problems. Changes can impact the project as well as other agencies' programs.

Partners want to be involved in problem-solving. Meetings should not be entirely focused on staff reports on the project. It is important to determine when all partners are present.

Partners perceived their primary benefit to participating as networking, i.e., learning more about available services and the agencies that provide them, as well as increasing awareness about their own agencies and their services.

II. Discussion of Findings

A. Impact of Program on Clients

Project and partner staff were responsible for collecting the information necessary to document project development and implementation. Intake forms, case management files, workshop evaluations, and service delivery reports are important complements to the computerized data collection system. **The** Case Manager documents individuals' progress toward personal goals in case plans; this progress is not reflected in the outcome data, but documents important beginning or intermediate steps toward the economic self-sufficiency defined in the outcomes.

At the end of each year of the project, staff met to provide their input and conclusions on what worked well for the project and what did not work well. They identified facilitating factors for project implementation and problems encountered and how well they were addressed. The staff evaluation meetings were facilitated and documented by the project evaluator.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

Due to the number and variety of services being provided in this project, the recording of project intervention data needs to be organized and timely. The data collection in the first 2 years was not consistent and timely; however, forms and procedures have been developed to correct these shortcomings.

Project Hypothesis

It was hypothesized that a focused effort of coordinated and comprehensive support and self-help services could measurably improve the level of self-sufficiency among families living in public housing. The project's goal was to show that there was a significant difference between the proportion of people making progress toward self-sufficiency in a public housing project that receives concentrated and coordinated services and the proportion of people making progress toward self-sufficiency in a public housing project that does not receive concentrated and coordinated services.

Evaluation Methodology

The evaluation design is quasiexperimental, utilizing a pretest - **posttest** comparison group design. The experimental group is all of the inhabitants of the two public housing sites (Clackamas Heights and Oregon City View Manor).

Subject Selection: As they hear about the project, residents choose whether to participate in the interventions. In year 3, residents will receive outreach information describing the project and its services as they enter public housing.

The comparison group is all of the inhabitants of the Hillside Park public housing site in Milwaukie, Oregon, which is 10 miles from the experimental group.

The project's success was measured by progress toward self-sufficiency utilizing the following measurements and comparing the experimental public housing site with the comparison site:

- the number/proportion who have increased income
- the number/proportion who decrease dependency on public assistance, and
- the number/proportion who decrease dependency on subsidized housing (as measured by increases in rent and/or moving to non-subsidized housing)
- the number/proportion of those who have increased self-esteem

CHAPTER 4. OPERATION COMMUNITY UPLIFT

Statistical Analysis

The following statistics are available as interim outcome data at the end September, 1991, after 27 months of the project (see Table 2):

TABLE 2
Outcome Measures for Experimental and Control Group

Household Income Characteristics	Experimental Group	Comparison Group
Increase in Total Income	69 percent	66 percent
Decrease in Total Income	18 percent	18 percent
Increase in Non-Public Assist Income	55 percent	48 percent
Decrease in Non-Public Assist Income	10 percent	15 percent
Increase in Public Assist Income	43 percent	36 percent
Decrease in Public Assist Income	6 percent	12 percent
Increase in Rent	66 percent	63 percent
Decrease in Rent	21 percent	19 percent

Overall, of the households in the experimental group sites, 69 percent had an increase in total income compared to 66 percent among the comparison group households. Nonpublic assistance income increased for 55 percent of the experimental group households compared to 48 percent of the comparison group households. While 10 percent of the experimental group and 15 percent of the comparison group households experienced a decrease in nonpublic assistance income. **Two** thirds of the experimental group households experienced an increase in their public housing rent compared to 63 percent of the comparison group households.

At the same time, 43 percent of the experimental group experienced an increase in their public assistance income while only 36 percent of the comparison group households had an increase in income from this source. Similarly, a higher percentage of comparison group households had a decrease in public assistance income.

Sixteen percent of the households in Oregon City View Manor and in Clackamas Heights increased their family income by \$5,000 or more. Only eight percent of the households in Hillside Park (comparison group) increased their family income by \$5,000 or more.

Similarly, 18 percent of the households in Oregon City View Manor and 16 percent of the households in Clackamas Heights increased their rent payment by \$100 or more. In comparison, 11 percent of the households at Hillside Park increased their rent payment by \$100 or more.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

For both experimental sites, interventions were a **significant** factor in increasing total family income and income that is not from public assistance. The role was significant for all household units in a site for which interventions were available, and the role was even greater for households actually availing themselves of the intervention services. The latter result may not be too surprising, but the fact that even households not directly using the interventions benefitted **from** them may show that the environment created by the project is beneficial to all residents. People not obtaining the intervention services directly from project staff **benefit** by living in a supportive environment and by obtaining information and support “second hand” from residents who are direct receivers of interventions.

There is a difference between the two experimental sites in terms of how much of a role the interventions played. For increasing family income and increasing income that is not from public assistance, Oregon City View Manor fared better than Clackamas Heights.

For both experimental sites, interventions played a significant role in increasing public assistance income. While this outcome contrasts with the self-sufficiency goals of the project, the process of advocating on behalf of the residents receiving services includes making them aware of public assistance programs in which they are entitled to participate. In most instances, this is meant to be a short-term solution to immediate problems that makes it possible for individuals to work on longer-term self-sufficiency goals.

Self-Esteem

Assuming that low self-esteem is a barrier to making progress toward self-sufficiency, this project seeks to result in increased self-esteem. The tool chosen to measure self-esteem was the Rosenberg Self-Esteem Scale. It was chosen based on recommendations from evaluators attending the Office of Community Services’ DPP workshop in July 1989 and based on its shortness (10 statements), ease of administration (self-administered in 5 minutes), reliability and validity, and identification as one of the top 8 scales (Measures of Social Psychological Attitudes, Robinson and Shaver, Survey Research Center, Institute for Social Research, 1973).

The scale was distributed as a survey by mail at the beginning of the project to all residents of the experimental and comparison groups. A letter from the Director of the Housing Authority encouraged people to complete the survey and explained when the surveys would be picked up. Approximately 50 percent of the residents in each community/site completed the survey/scale, but there were many negative reactions to the questions reported by the staff picking up the surveys. Elderly people complained that it was difficult to understand. Others thought the questions were stupid and humiliating and only completed it because they felt they had to.

To address the concerns of residents, the **posttest** survey was preceded by a letter from the Director of the Housing Authority. Then, project staff visited those who had taken the pretest to see if they would complete the post-test. Appointments were set up if requested by residents. The survey also contained a question about what services residents had received that were helpful. Even though this process worked fairly well, we do not have a great deal of confidence in the results and we would not recommend the use of this scale with this population.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

We are also not aware of a better tool or scale. We have learned since this experience that there are several difficulties in measuring self-esteem. For example, self-esteem has no standard theoretical or operational definition. While it is generally understood to be self-concept, even that is not that helpful since people derive esteem (their self-concept) from different sources: peers, school, work, self, etc.

Additional Project Outcomes

It is recognized that the outcome data will not provide a totally satisfactory definition for self-sufficiency. Staff, boards, partners, and tenants have provided insight into the complexity of self-sufficiency. Unfortunately, it is very **difficult** to come up with measures for some of the other steps necessary for individuals to make progress toward self-sufficiency.

For example, receiving a driver's license, or General Educational Development degree, or associates degree may represent intermediate steps toward self-sufficiency. However, class attendance necessary to obtain the license or degree may result in a decline in income and concomitant increase in public assistance.

An insufficient number of exit interviews were completed to conduct a meaningful analysis on why people have left public housing. Of the 86 households moving out of the experimental group public housing sites during the project period, only 8 completed an exit interview. Of the 58 households moving out of Hillside Park, only 8 completed an exit interview. The process for notification of project staff regarding moves has been improved for year 3. This should result in staff being able to conduct exit interviews more consistently.

B. Institutional Impact

The partnership between the Community Action Agency (Social Services Division) and the Housing Authority has been the key linkage in this project. Each brought their own central mission (meeting the needs of low-income people and providing housing for low and moderate income people) to this project and have worked with each other to accomplish the mission of this project. It has meant having to resolve conflicts in roles (landlord versus advocate for low-income people) and having to learn about the other's viewpoints and regulations. Largely as a result of this project and their involvement with the various agencies/partners, the Housing Authority is ready to participate fully in self-sufficiency initiatives being developed by the U.S. Department of Housing and Urban Development and has applied for additional resources to meet a variety of resident needs.

The Housing Authority and the Clackamas County Community Development Division were merged during the second year of this project. The merger is an effort to provide better coordination of services and a more comprehensive approach to meeting housing and community development needs.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

The Dependent Care Council is working to increase the availability of affordable child care and includes representatives from Clackamas Community College, the Housing Authority, the Children Services Division, Adult and Family Services, Head Start, Employment Training and Business Services, and the Social Services Division.

Project staff were involved in case conferences with the Social Services Division's countywide self-sufficiency program.

The Social Services Division was the chief sponsor of a statewide conference on self-sufficiency in June 1990. OCU staff participated in the planning and implementation of this important event. A total of 77 people attended and OCU was showcased as a specific model of self-sufficiency. An OCU client presented her view of the project and how case management had helped her move to self-sufficiency. One tenant testified on health care issues to the State Health Care Commission.

Additional partners not identified in the original grant, but participating as active partners, including attending partnership meetings, are: Tenants of Oregon City View Manor and Clackamas Heights, the Oregon City School District (provided car repairs in their mechanic class for the cost of parts), Clackamas Community College (assisted with and provided workshops), the Oregon State University Extension Service (provided materials for the Youth Program), the Children's Commission (Head Start Program - assisted with child care planning), and the Oregon City Chamber of Commerce. The Oregon Volunteers in Tax Assistance trained a tenant to help with tax returns.

During the continuation phase of the project (1991-1993), additional efforts will be focused on integrating the target population into the existing service delivery system and integrating the self-sufficiency case management services into the Housing Authority Tenant Services Program.

Critical Elements of Project Implementation

The critical elements of project implementation identified by staff include:

- **The** cooperative and supportive working relationship developed between the Housing Authority and the Social Services Division. While there have been some problems with definition of roles, the common commitment to the mission of this project has made it possible to work out any problems.
- Effective case management with the key identified as the client's relationship with the case manager. The staff's opinion is that the case managers have had tremendous capacity to work with clients where they are at. Both case managers were described as having excellent interpersonal and communication skills with the current case manager also described as being a bridge-builder.
- The creation of the Project Coordinator position, which identified the person responsible for coordinating the daily operations of the project.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

- Teamwork; project staff have worked **well** together. This includes collaborating on problem-solving and making referrals to each other, as well as involving other agency staff in **hiring** decisions.
- Project staff have worked well **with** residents. As a result of the trust established, staff report a new openness by residents and a willingness to contact agencies,
- The partners - a network of social service, education, and other organizations interested in helping accomplish the goals of this project. The partners are willing to provide their services in different ways and **onsite** in order to respond to the target population's needs.

C. Replication Issues

Problems/barriers identified to effective and **timely** project implementation included:

- The self-esteem survey created some negative reactions from tenants at the beginning of the project.
- The management information system anticipated at the Housing Authority was not possible due to the timing of the installation of a new computer system. This delayed the development and implementation of the data collection system. The project evaluator ended up being responsible for designing the data collection system, which included having the data recorded in software compatible with the evaluator's computer. The Housing Authority had to purchase the software and be trained in its use.
- The project tried too many types of interventions in the first year. Direct services (case management, **health**, youth program) build relationships and trust with the population. Self-help groups and workshops are more effective once trust and project identity have been established, therefore they should be added to the project once project **participants** are comfortable with the program. Additional activities should be planned with the residents' involvement
- There was a general lack of commitment to data collection. Intervention tallies were often submitted to the Housing Authority for several months at a time, when reports were needed right away. Since the data entry person did not work with the software on a regular basis, data entry was slower and more error-prone. Periodic reports could not be prepared by the evaluator and errors could not be dealt with easily or quickly. There are some problems with collecting exit surveys, which could impact the scope of the outcome analysis.
- There were some delays and changes in hiring which delayed project implementation. This affected hiring the Public Health Nurse and Camp Fire Youth Staff.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

- The tenants have multiple barriers to reaching self-sufficiency and are more difficult to motivate or keep motivated than anticipated.
- Mental health (especially chronically mentally ill) and alcohol and drug problems are very strong barriers to providing effective case management.
- Other barriers for clients wanting to participate in project services are child care and transportation. These have proven to be particularly difficult problems to address effectively and consistently.
- **Two** resources needed by clients: dental care for adults and children under 5 years of age and mental health counseling for families and children before there is a crisis.
- The cost for workshops; no funds were included in the grant for paying workshop presenters.

Implementation Lessons

- Evaluation of partnership projects should not start until at least year 2. Trying to develop an effective evaluation plan when project planning and implementation are not complete is very difficult. New staff trying to develop an effective set of services and partnerships are not ready to focus on evaluation of services. The commitment to the evaluation and data collection would have been much higher if not started until year 2. Changing the timing of the evaluation plan to coincide with full implementation of project services would also have aided in a clearer understanding of the data collection tasks and responsibilities, as well as the resources needed, and, consequently, more accurate and timely completion of those tasks.
- Partnership projects need more than 2 years to succeed. This is because they involve multiple agencies in a common mission and because the target populations have multiple problems and needs and require more time for assistance before they can show measurable progress toward self-sufficiency.
- Partnership projects need to be flexible to respond to identified needs as the project develops. When a population has multiple needs, it is not possible to correctly specify the exact activities and services that will meet their most urgent needs. Until staff have had a chance to establish trust and credibility, and the involvement of the population in identifying needed services, providing a lot of workshops and trying to develop support groups will not meet with success. It would be more advisable (and more cost-effective), for a project to start with some basic services provided **onsite** and one-on-one such as case management, health and mental health services, and a youth program, and then develop other services and programs based on the population's and staffs assessments of needs.

CHAPTER 4. OPERATION COMMUNITY UPLIFT

- **The** amount of time needed to develop and support the partnerships should not be underestimated. Roles need to be clear and communication regarding project implementation ongoing. The Project Director needs to provide ongoing leadership and coordination to the project.

Regular project staff meetings need to be held to encourage problem-solving, resolution of any conflicts in roles, case conferences, and communication about the project's successes.

D. conclusions

This project has added to the body of knowledge about residents of public housing projects. Their problems and needs are more complex than originally anticipated. Outreach is **difficult** and is more successful if done personally and just before the scheduled activity or workshop. Many of the barriers to making progress toward self-sufficiency take time to overcome and do not result in immediate measurable progress. For example, before people are ready to get a job, they need training and/or education. Before they are ready to enroll in a training program, they need child care, a driver's license, self-confidence, mental health counseling, etc. Before they are ready to seek any kind of help, they must trust the case manager and receive support and encouragement in addressing their concerns and needs.

Data collection for the high number of services being provided and the number of agencies involved has presented a real challenge. Much has been learned and will be learned about the methods and procedures for data collection and for project coordination in a partnership-type project where responsibilities are shared and success is dependent on a high level of commitment and cooperation.

The interim evaluation data indicate that people in these communities are making measurable progress toward self-sufficiency. With the continuation grant, the project will have time to test the impact on the part of the target population that has made progress toward self-sufficiency that is not yet measurable in terms of the outcome variables used in this project. The barriers facing this population are complex and the additional project time will give a stronger indication of the effectiveness of the project's interventions. Additionally, the continuation time will be utilized to further integrate the target population into the existing service delivery system and to integrate the self-sufficiency case management services into the Housing Authority tenant programs so that the impact is ongoing.

At the end of the project, there should be sufficient data and information to determine the success of this project and to provide a model for other community action agencies and housing authorities wanting to implement a self-sufficiency partnership project.

Section III

MICRO-BUSINESS AND SELF-EMPLOYMENT

Chapter 5

Operation INC (Incubator for New Companies)

West Central Missouri Community Action Agency

Appleton, Missouri

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

Agency: West Central Missouri Community Action Agency
106 West Fourth Street
Post Office Box 125
Appleton City, Missouri 64724

Agency Director: Charles Braithwait

Evaluator: John **Wandless**/**Wayne Thomas**

contact Person: Wayne Erwin

Telephone: (816) 476-2185

Project **Type**: Self-employment and Small Business Development

Project Title: Operation **INC** (Incubator for New Companies)

Model: Small Business Development **Posttest** Only Control Group Design

Project Period: May 1989 to October 1991

I. **Background**

A. **Purpose of the Program**

The West Central Missouri Community Action Agency (**WCMCAA**) operates in a nine-county rural area. This area spans **from** the Missouri-Kansas State line to the southern edge of the Kansas City metropolitan area. It includes a vast recreation area centered around the Lake of the Ozarks.

Unemployment and underemployment have always been a problem in the WCMCAA area. Traditionally, the economy has been based on farming. The declining number of farming jobs has increased unemployment. In addition, global economic problems related to agriculture have produced farm and business foreclosures. Because of the significant impact agriculture has had on employment in the service area, WCMCAA is involved in employment and job training activities. Operation **INC** (Incubator for New Companies) was developed with the belief that **WCMCAA's** employment activities would be enhanced and complimented if a significant number of low-income area residents were to become self-sufficient through self-employment.

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

B. Program Purpose

The purpose of Operation INC was to demonstrate that self-employment, as opposed to employment, was a viable option for local residents to obtain self-sufficiency. Self-sufficiency was defined operationally as earning an income in excess of the 125 percent level of the Community Service Block Grant (CSBG) poverty guidelines. **The** features of Operation INC included programs of technical assistance to help program participants develop business plans and obtain bank loans (up to a maximum of \$10,000), and support assistance for those individuals who obtain loans.

C. Target Population

Four important low-income groups targeted by Operation INC were 1) displaced farmers and farmworkers; 2) struggling farmers; 3) female single heads of family, especially those living in assisted or public housing; and 4) owners of existing struggling businesses when owner incomes met the CSBG guideline and the business provided a service (e.g., woodcutting, repair, landscaping, etc.). A desire to better package services or to merge their services with others to increase incomes were also considered.

D. Community Partnerships

To assist and support the program, Operation INC planned to establish partnerships with the following organizations:

- 1) WCMCAA's Outreach, intake, Assessment and Referral Division (OURS),
- 2) ACTION's Retired Senior Volunteer Program (RSVP),
- 3) the Western Missouri Private Industry Council (WMPIC), and
- 4) the Appleton City Bank.

E. Program Description

Participants were recruited, trained if necessary, and provided with technical assistance to develop a business plan and apply for a bank loan. They were then advised/monitored after the loan had been received to ensure that payments were made and the business performed according to plan. **The** specific program activities that were conducted included the following:

- Recruitment of Participants. Active intervention began with the **WCMCAA** OIARS Division conducting recruitment and referral activities. Potential applicants were drawn from WCMCAA's existing clientele as well as from the more generally stated target groups.

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

To qualify for the program, an applicant had to meet the poverty income guidelines, pass a basic credit check, which considered credit history including fraud, bankruptcies, etc., and had the desire to start a business or maintain a struggling business.

- **Intake.** An initial application was completed and income eligibility was determined. This was handled through the OIARS county service center and the information was passed on to the program for an enrollment decision.
- **Business Plan Development.** Technical assistance was provided to each participant to refine business concepts. Work was completed at a pace set by the participant
- **Preparation of Participants.** Some individuals needed training to attain the skills necessary to reach the stage where they could accomplish a business plan. Western **Missouri** Private Industry Council (**WMPIC**) funds were to be used to send these individuals to the required training.
- **Business Plan Completed.** Each enrolled applicant completed a final business plan of a quality that is ready for submission to a Bank Loan Officer.
- **Technical Assistance Council (**TAC**) Approval.** The TAC, composed of local **business-**oriented citizens, was charged with approving all business plans before plans were subsequently submitted for bank loans. Participants presented his or her business plan to the TAC for approval.
- **Loan Process and Approval.** The participant applied for a business loan at a cooperating bank and was approved based on the business plan and the TAC recommendation.
- **Start-Up/Technical Assistance.** Subsequent to receipt of loan funds, project staff and advisers worked with the participant to monitor, advise, and assist in the implementation of the plan and to ensure that loan payments were made and the business remained healthy.

CHAPTER 5 OPERATION INC (INCUBATOR FOR NEW COMPANIES)

II. Study Approach and Evaluation Methodology

A. Evaluation Purpose

The purposes of the evaluation were to determine the effectiveness of the several organizations involved in implementing a program of new business development training and technical assistance and to determine the effectiveness of those training and technical assistance programs in improving the number of eligible low-income individuals successfully moving toward economic self-sufficiency through self-employment and small business development. Although the program operated through October 31, 1991, the evaluation findings reported here only cover the period through July or December 1990.

B. Evaluation Methodology

The process evaluation was conducted with a focus on two primary areas: program implementation and operational performance. A series of study questions was developed to assist in the implementation evaluation.

The outcome evaluation was designed to test the following two outcome measures:

- Did the participant startup a business or have a business funded?
- Did the participant successfully implement his/her business plan (after a period of 12 months)?

To test the effectiveness of the program, that is, to determine if the business startups/funding could be attributed to the effort of the program or simply to chance, the same two outcome measures were applied to a comparison group of similar individuals created through random assignment of eligible applicants to a control (nonservice) group.

For each of the two groups (participants and control), the frequency of business startups was recorded and tested for significant differences.

C. Sampling Techniques - Random Sample

All applicants for the program were subjected to a means test (125% of the poverty income guidelines) and a preliminary credit check. Of the 95 individuals who applied to the program during the experimental period of the program (i.e., all applicants through July 31, 1990), 78 or 82 percent met the eligibility criteria. All applicants had to have a desire to start a business or maintain a struggling business.

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

The names of the eligible individuals were then provided to the program evaluator on a monthly basis for random assignment. Each person was assigned a number, beginning with 1, in the order in which their names were supplied. Then, using a table of random numbers, each participant whose number appeared was enrolled in the program until 50 percent of the names on the list were enrolled. The remaining names on the list were assigned to the control group. This procedure was reversed on alternate months, enrolling the control group first and project participants last.

For the purposes of the evaluation design, random assignment was discontinued in July 1990, resulting in an experimental group of 40 participants and a control group of 38. Applicants assigned to the control group received *no* services from the program. No contact was made with these individuals until the follow-up phase of the outcome evaluation. During the follow-up phase, control group members were contacted to determine whether or not they had received needed funding and/or started businesses without program intervention. Eighteen of the 38 control group members were successfully contacted during follow-up.

After July 1990, a second group of 61 interested individuals were enrolled in Operation INC, bringing the total number of project participants who are included in the analysis to 101. The 40 individuals in the experimental group and the additional 61 participants received exactly the same kinds of services and support from the project.

III. Process Evaluation

The initial process evaluation was conducted for a 9-month period ending in July 1990. This process evaluation consisted of two parts. Part one examined program implementation. Study questions were used to guide this effort. Part two focused on operational performance and program volumes (clients enrolled, ventures packaged, loans obtained, etc.).

A. Participant Characteristics

Females comprised 36 percent of eligible applicants during the experimental phase of the project, but only represented 25 percent of those enrolled after the experimental phase. For all eligible applicants, females accounted for 31 percent. During the experimental phase, females accounted for 41 percent of the control group and 32 percent of the experimental group; however, females accounted for only 20 percent (3 out of 15) of those ventures funded for the experimental group.

Seventy-four percent of all eligible applicants were married. The median age of eligible applicants was 34. The average age was 37; ages ranged from 20 years old to 72 years old.

CHAPTER5 OPERATION INC (INCUBATOR FOR NEW COMPANIES)

B. Work Program Implementation

1. Partnerships

Were the formal linkages described in the work program actually established?

Two of the original partners - Appleton City Bank and OIARS - became formal partners and were utilized throughout the project period. For the WMPIC, no formal linkage was established and only one program participant was referred to WMPIC during the life of the project. Likewise, the linkage with the RSVP was not formally established, although application forms for the participant to request assistance from RSVP volunteers was provided during the enrollment process.

Were the formal linkages with the OIARS, RSVP, WMPIC, and Appleton City Bank actually utilized?

OIARS. Approximately 20 percent of all program participants were generated by the OIARS centers. All needs assessment and intake functions were performed by these centers, even if a participant was not recruited by the center. One reason for a less-than-desired recruitment target by OIARS was due to the random assignment of applicants to the project. There appeared to be a reluctance on the part of OIARS staff to recruit individuals who stood a 50 percent chance of not receiving project assistance.

RSVP. It was planned that this resource would provide volunteers to advise participants at a level of approximately 1,600 hours per year. This resource did not materialize, since volunteers with small business skills were not available. Program staff worked throughout the life of the demonstration project to secure viable assistance. Only at the end of project operations did it appear that an outside technical assistance source could be used.

WMPIC Enrollment. This resource was rarely utilized; it was used in only one instance. Underutilization of WMPIC was due in part to the fact that those producing business plans could not directly benefit from WMPIC-related services since these services in the WCMCAA area involved on-the-job training exclusively and, thus, did not meet the needs of the participants.

Appleton City Bank. The Appleton City Bank accounted for 38 percent of the total number of loans made through the project (including nonbank loans) through December 1990. It represented 50 percent of all bank loans made to project participants. Because several of the Operation INC business ventures were outside the bank's primary trade area, the bank was reluctant to fund additional ventures. In addition, there was a reluctance to make loans to individuals without significant collateral, as the bank faced increased pressures from bank examiners on this issue.

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

2. program staffing

Were staff positions filled on schedule?

Program staffing was delayed nearly 90 days due to delays in the release of funds and recruitment difficulties. The grant was effective in May 1989, but the Project Director was not employed until September 1989. Once the project director was hired, staff recruitment proceeded as planned. The **first** of three Business Development Specialists was hired in October 1989. The second Business Development Specialist position was filled in October 1990. The third position was never filled.

The timing and level of **staffing** cannot be compared exactly to that planned due to a slow release of funds by U.S. Department of Health and Human Services (**DHHS**). Also, less-than-expected volumes of applicants caused the project director to adjust staffing levels accordingly.

Was the ratio of staff appropriate to the program mission?

The staff size was adequate to intake approximately 20 applicants per month. Experience indicated that roughly one out of two applicants proceeded to completion of a business plan; therefore, 20 intakes would result in 10 business plans per month or 120 ventures per year. Project staff responsibilities were primarily committed to business plan development support.

Were staff qualifications appropriate to the mission?

The planned and actual qualifications of the staff were adequate to the task. However, there was a tendency for cases to remain open too long during the business plan development phase. This resulted in higher-than-necessary caseloads which significantly increased staff paperwork and reporting workload. Serious consideration should have been given to terminating cases that did not result in a business plan or the likelihood of a business plan within 90 days of enrollment or completion of an orientation program.

3. Business Plans Approved for Funding

Project goals suggested that 44 business plans would be completed over a **14-month** project period. As of December 1990, only 24 business plans were completed (55 percent of the targeted number). Approximately one in four participants completed business plans by December 1990. Over the life of the project, 32 participants developed loan packages and were approved by the TAC.

For the evaluation period, the TAC approval of business plans (15) was less than half the targeted number projected in the work plan. The TAC approval rate was 62 percent or 15 out of 24 business plans completed.

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

4. Loan Defaults

At the end of December 31, 1990, there were no loan defaults and no payments in arrears. During the entire funding period ending October 31, 1991, one business loan defaulted and one loan was paid off and the business closed.

5. Types of Businesses with the Greatest Success

While it is too early in the program to support this conclusion with data, it appears that businesses in the services sector appear to be the most likely to succeed in rural areas.

6. Most Common Reasons for Failure

No businesses have failed as of the evaluation date, although some failures are anticipated in 1991. The primary reasons for these expected failures are related to family problems and failure to respond to advice from the program staff.

C. Program Performance

1. Recruitment and Enrollment

During the **9-month** period (November 1, 1989, through July 30, 1990) for initial recruitment, 95 individuals applied for the program. Of the 95, 78 of the applicants met the eligibility criteria and were randomly assigned to a control group (38) or enrolled in the program (40). The 78 individuals assigned to groups were less than the original random assignment target of 100 participants.

In terms of caseload, of the total number of individuals enrolled in Operation INC (101), 26 were terminated leaving 75 open cases at the end of the year. About two-thirds of the terminations were "withdrawals" for **various** reasons, including "business plans not completed." About one-third were terminated by the program as 'unresponsive'.

The most fruitful method of recruitment (42 percent of project participants) was through the local media (newspaper, radio and television), followed by the OIARS centers (20 percent).

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

2. Business Plan Development/Technical Assistance

Twenty-four business plans among the 101 participants were completed as of December 1990.

The amount of **technical** assistance provided to participants following receipt of a loan was much less extensive than anticipated and was not well documented. There is little documentation that monthly financial statements and progress reports of funded participants were reviewed, perhaps reflecting that a greater emphasis was placed on the development of business plans. The project director indicated that all funded ventures were visited monthly, but many of these meetings were not documented in project **files**.

3. Technical Assistance Council (TAC) Approvals

Fifteen business plans (among the 40 program participants) received TAC approval during the outcome evaluation phase. This is 42 percent of the number that were planned (36) to receive approval by December 31, 1990. It also represents approximately 63 percent of all completed business plans.

Business plan completion and TAC approvals were not completed systematically. Instead, they occurred sporadically i.e., a few one month, none the next, etc. This suggests that better management of this process (i.e., a steady rate of intakes) could result in a much higher number of business plan completions and TAC approvals in the future.

Not all business plans were submitted to **the** TAC. Plans that were funded by means other than bank loans were not referred to the TAC. There were four such cases during the evaluation period.

4. Loans

The first participant was funded in January 1990 for \$1,500. By the end of December 1990, 16 ventures had been funded (15 of which were among the experimental participants). **This** amounted to \$68,050 in bank loans for 12 participants and self-funding (from business plan cash flows and family resources) for four participants. Six of the 12 loans originated at the Appleton City Bank, a project partner. The average loan amount was \$5,671, with a range between \$1,500 and \$8,050. When the program was developed, it was anticipated that the maximum loan amount would not exceed **\$10,000**.

The average time to obtain funding was 134 **days**, with the minimum time being 48 days.

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

5. Business Start Ups and Types

As of December 1990, all of the funded ventures had started up. Approximately 44 percent of the businesses were in the service sector (e.g., day care, lawn care, etc.), 31 percent in the construction sector (e.g., painting and remodeling), and the remaining 25 percent represented other types of businesses, including auto salvage, firewood supply, rabbit farming, and recycling.

IV. Outcome Evaluation

The outcome evaluation was designed to test two measures:

1. Did the participant startup a business or have a business funded?
2. Did the participant successfully implement his/her business plan (after a period of 12 months)?

A. Hypothesis One

To test the effectiveness of the program, that is, to determine if the business startups/funding could be attributed to the effort of the program or simply to historical trends, the outcome measures were applied to a comparison group of similar individuals created through random assignment of eligible applicants to a control (nonservice) group.

For each of the two groups (participants and control), the frequency of business startups was recorded and tested for differences as discussed below.

In December 1990 a **followup** of control group members was made to determine if they had been funded for or started up business ventures without the assistance of the program. Results from these followups were recorded. The evaluators were able to contact 18 of the 38 (47 percent) control group members. Of that number, six (6) had started up ventures or received needed **funding**. Of the 20 controls who could not be contacted, the evaluators assumed that they were not in business since they did not respond to contact attempts.

Of the six members of the control group in business, **five** indicated their businesses were going as planned but that they could use help from the program. One member reported that business was not going as planned and that he could use help from the program. During the 14-month evaluation period, **15** (38 percent) of the 40 experimental participants were funded compared to 6 (33 percent) of it in the control **group**.

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

B. Hypothesis Two

The second hypothesis relates to the participants being more successful in implementing their business plan than they would have been had they not participated in the project (when compared to the control group).

The measure adopted for this effect is, "Was the participant successfully implementing **his/her** business plan (after a period of 12 months)?"

The experimental group appeared to be successful with their businesses. Of the 15 businesses started, only 2 were no longer operating at the end of October 1991. Of these two, one closed voluntarily--the business was closed, the loan paid off, and the individual left the area to enroll in college. The second participant defaulted on his loan. This situation involved business and marriage problems.

On October 31, 1991, 13 of the first 15 businesses (86.6 percent) assisted by Operation INC were still in business. If one considers the individual who repaid her loan and closed the business, Operation INC had a 93.4 percent success rate. This is far above any national success rate in the general population.

C. Additional Participants

Following the experimental period (July 1990), an additional 61 applicants were enrolled. There was no random assignment of these enrollees. Participants received exactly the same kind of services and support.

From this new pool of program participants, an additional 17 businesses were started. This means that a total of 32 businesses were started by Operation INC and all but two were still operating on October 31, 1991. These new businesses require follow-up to determine if they will maintain success over time.

V. Discussion of Findings

A. Recruitment

Recruitment of participants proved to be difficult. Originally, WCMCAA planned to rely on the Opportunity Centers as the primary vehicle for recruitment. However, these centers did not produce the numbers of enrollees envisioned in the application. Over the life of the program, only 25 percent of Operation, INC enrollees came from the Opportunity Centers. Recruitment efforts were supplemented with talks to the Chamber of Commerce and service clubs throughout the area. These presentations proved to be good public relations avenues, but did not generate Operation INC enrollees. The program finally found a successful approach when it aired public service announcements on television and radio. These announcements produced a substantial number of inquiries and actual enrollees.

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

B. Business Plan Development

Developing the business **plan** proved to be the most time-consuming process involved in the work program. Initially, Operation INC used a one-on-one approach to work with individuals who were developing their business plan. This approach consisted of an initial session, after which the client went home to collect the specific information needed for the loan application. Once this information was accumulated and written, the plan was finalized by Operation INC staff. It should be emphasized that business plans were the participant's own plan and not that of the Operation INC staff. Staff would ask relevant questions to guide the plan development and type the plan, but staff did not write the business plan for the participants or put words in the participant's mouths.

The most significant barrier to starting a business by project participants was a lack of "business smarts" to conceive and write a realistic business plan. Some participants did not even have a family or personal checking account. Many did not understand the difference between "cash flow," "gross income," and "profit" or "wages." This suggests that there should be a workshop that participants would have to complete before they would be asked to develop business plans. Because these participants are in desperate need of income, such a workshop cannot last for an extended period of time. It was judged that a reasonable amount of time would be 3 or 4 sessions over a **4-week** period.

After the experimental phase ended in July 1990, the Operation INC staff began to change its approach. Operation **INC's** objective was to preserve the business plan quality, while reducing the time required to develop the individualized business plan. **The** initial change made by Operation INC was to hold a seminar instead of using the strictly individualized approach. **This 4-hour** seminar covered the seven sections of a business plan. Staff planned to have a seminar with at least 12 participants. In actuality, seminars were normally held when there were four or five participants available.

After the seminar, participants would take the information learned home to develop their plans. Once participants had completed their work at home, the business plan was brought back for Operation INC staff review, clarification, and typing. Unfortunately, this approach did not substantially reduce the time required for business plan development.

In **January** 1991, Operation INC arrived at the approach they would use for the remainder of the program. **This** approach incorporated a **4-hour** introductory seminar and participants working at home to collect information. Participants then returned a week later to attend an all-day work session. At this session, the business plan was actually developed. This was followed by one-on-one work with staff to finalize the business plan.

With this approach, the business plan was completed in 6 weeks instead of 20 weeks. Operation INC staff reported no decline in the quality of business plans.

CHAPTER5 OPERATION INC (INCUBATOR FOR NEW COMPANIES)

This change offered positive benefits to the program participants. The average time was shortened, and development of the business plan was strictly an individual effort. The amount of time spent varied greatly. The person taking the longest time began in February 1990. Not until 18 months later was a finished business plan developed. The process was placed on hold three times, once by the program and twice by the participant. **There** were a number of stops, a change of direction, and restarts. The person began with the idea of establishing a day care center and finally ended up with a swine operation.

C. Loan Funds and the Banking System

This was an element of the program that continued to evolve. When Operation INC was originally proposed, the local Appleton City Bank agreed to participate. However, at the time the program started, there were major changes taking place in the banking industry. These included changes in bank regulations which resulted in a change in attitude on the part of the bankers themselves.

At the beginning of Operation INC, the Appleton City Bank had committed itself to \$250,000 in loan funds for the program. However, as a result of industry changes, the Appleton City Bank redefined its commitment. In November 1990, the Bank restructured loan eligibility criteria, excluding all but one county (the project served nine counties). WCMCAA staff subsequently looked for other sources of loan funds. Operation INC staff called on banks throughout the g-county area to ask if they would participate in the business startup program. The banks had a universal response: they were interested, but felt that the loans would be too risky and too time-consuming for the bank to afford to participate.

The major limitation to funding businesses was the issue of loan collateral, which lending institutions require in one form or another. To fund 50 to 100 ventures per year, some kind of private loan guarantee fund is needed to provide collateral. To illustrate one approach, an agreement could be made by which the loan fund would agree to participate in 50 percent of the loan loss, or to make up a **deficit** in the loan applicant's collateral.

Participants had **difficulty** with collateral, however, in some cases, they did not have enough. In others, they did not want to risk any collateral they had on the venture, failing to understand that if they do not believe in the venture, they can hardly ask someone else to. Participants must be assisted in acquiring collateral (perhaps through a loan guarantee program), but they must also be required to contribute some degree of collateral.

In response to these issues, WCMCAA then developed a guaranteed loan fund approach. If a bank would make a loan to a project participant, Operation INC would deposit an amount equal to the loan in a Certificate of Deposit (CD) in the lending bank. When the loan was repaid, the CD would revert to Operation **INC's** loan fund. Should the borrower default on their loan, the CD would be used by the bank to recover the amount of the loan. This approach was submitted to the Office of Community Services (OCS) for approval.

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

Federal approval was received in March 1991. Operation INC set aside \$20,000 for loan guarantee funds. During the remainder of the project, these **funds** were used to guarantee four loans. **The** small number of loans guaranteed by the project was not expanded because the grant period was due to end. All four of these loans are currently being repaid.

D. Business Technical Assistance

The program was designed to devote a significant amount of time to the provision of ongoing technical assistance for program participants. Original program plans were to have Operation INC staff meet with the new borrower the first month after the loan was made. After the initial month in business, it was envisioned that the local RSVP chapter would assist the fledgling businesses. However, when RSVP was asked to help Operation INC borrowers, the group did not have members with skills applicable to microbusiness enterprises; RSVP members only had experience with larger businesses. Thus, Operation INC had to seek other sources for technical assistance.

Arrangements for an outside source of technical assistance were never completely resolved during the life of the project. Therefore, Operation INC staff tried to fill this unanticipated vacuum. Staff assistance was continued either through personal visits or telephone assistance.

Perhaps because the technical assistance support did not materialize as planned, the issue of how much technical assistance is needed and if it is an essential program element of a business incubator was raised. The judgement of Operation INC staff is that technical support was essential. Additional study is required on the issue of technical assistance.

E. Earned Business Income and Public Assistance Benefits **Requirements**

WCMCAA was not able to make satisfactory arrangements for clients who received benefits from the Missouri Division of Family Services (**DFS**). If people receiving welfare had an increase in assets or income, the person would promptly be removed **from** public assistance. DFS relied on a rigid interpretation of their rules and regulations.

WCMCAA attempted to secure an agreement that would provide a bridge for Operation INC participants from the welfare system to **self-sufficiency**. Efforts to obtain an administrative ruling or waiver were made at the local and State level. Operation **INC's** program director as well as **WCMCAA's** Executive Director tried to intervene; however, neither achieved positive results. Failure to resolve this issue remained a continuing problem for Operation INC and its participants.

CHAPTER 5. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

F. Technical Assistance Committee (TAC)

The TAC was composed of volunteers. Because it was extremely difficult for members to meet, and they did not meet regularly. Working with committee members, the project was able to devise a mechanism that allowed committee input without regular attendance. In actual practice, the TAC was too large in size for easy convening. A smaller group would have been more practical, in that it could have met more often and thus have been of greater effect.

The function of the TAC in future endeavors should be addressed. All participating banks insisted they conduct their own loan review. In practice, the TAC loan review was a duplication of the bank review. One function for TAC would be to meet with program participants after their loan was approved. TAC could play a more valuable role during the first month after the business loan is obtained.

VI. Final Recommendations

- Business start-up programs require a longer period of operation than that enjoyed by Operation INC. Studies of business start-ups demonstrate that at least four years are required for new businesses to become established.
- OCS states that TA in both business plan and the loan package phase is an essential component of its micro-business development programs. Questions of when, at what stage, to whom, how much, and how long need to be examined. This project included the provision of technical assistance to borrowers, but the assistance was less readily available to project participants. Operation INC staff did provide technical assistance, but at a lesser degree of intensity than had been anticipated. These variations appear to have had little effect on success rates.
- A commitment from the local public assistance agency is essential. Future projects should have a very clear understanding from the State agency on waivers of strict income rules for entrepreneurial program participants. OCS should provide a mechanism that assists local projects in this process.
- Many participants were carried as active project participants far too long before they were terminated for failure to submit a business plan. **This** resulted in an unnecessary level of recordkeeping and the use of a significant amount of valuable staff time. Operation INC would recommend a program requirement that an applicant must submit a business plan within 90 days. If a plan is not submitted within this time period, the participant should be terminated.

CHAPTERS. OPERATION INC (INCUBATOR FOR NEW COMPANIES)

- Few applicants have a working knowledge of the requirements for developing a business venture, preparing a business plan, or obtaining needed collateral for such plans. Because of this, program managers should explore the possibility of providing preparatory training in this area that could also facilitate screening out applicants who are not as serious about being self-employed.

Chapter 6

Partners In Progress

Community Action Agency of South Central Michigan

Battle Creek, Michigan

CHAPTER 6. PARTNERS IN PROGRESS

Agency: Community Action Agency of South Central Michigan
Womyn's Concerns Center
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Battle Creek, Michigan 49016

Agency Director: Sherry Keys-Hebron

Evaluator: John H. Schweitzer, Ph.D.

Contact Person: Ginger Hentz

Telephone: (616) 965-7766

Project Type: Self-Employment Training

Project Title: Partners In Progress

Model: Treatment Group Compared to Eligible Nonparticipants

Project Period: July 1989 to September 1991

I. Background

The Community Action Agency (CAA) of South Central Michigan, based in Battle Creek, developed and implemented an innovative, comprehensive, **27-month** program that provided low-income women with access to the resources, training, employment, and psychological support that promoted movement toward self-sufficiency. Project services were designed to identify and to address the many barriers women face as they seek personal and educational development and employment advancement. "Partners in Progress" was an innovative addition to agency and community services and was designed to be easily replicated in other communities seeking to provide new opportunities for low-income women.

The CAA has a four-county service area (Barry, Branch, Calhoun, and St. Joseph Counties) in south central Michigan. Its budget is **\$4.5** million and it has 200 employees. CAA programs included Head Start, Elder Services, Foster Grandparents, Community Services Division, Housing and Weatherization, Franklin Neighborhood Center, and the Womyn's Concerns Center (the department that operated the Partners in Progress program).

CHAPTER 6. PARTNERS IN PROGRESS

A. Purpose of the Program

The project purpose was to demonstrate how training, employment, and entrepreneurial development activities, provided in conjunction with ready access to vital community resources and supportive services, can ensure individual progress toward economic self-sufficiency. Services were designed to strengthen and empower women to achieve their full economic participation in society and their permanent independence from the public welfare system.

The project served low-income women of all ages in the CAA's four-county service area. "Partners in Progress" targeted single parents, displaced homemakers, and women of color and addressed the special needs of these populations.

A total of 251 low-income women with incomes at or below 125% of the poverty level were assessed by the "Partners in Progress" project.

B. Description of Program

Various intervention activities were developed to help participants move toward economic and personal self-sufficiency. Individualized case management and supportive transitional services, specifically designed to address the special needs of low-income women, were a cornerstone of this project. The project originators recognized that women need to be prepared emotionally and personally in order to succeed.

"Partners in Progress" not only gave women a personal support base for change, but also provided a broad, comprehensive training base for them to seek employment or develop entrepreneurial skills for self-employment ventures. The program was operated out of the CAA's Womyn's Concerns Center (WCC), which coordinates self-sufficiency programming and acts as a clearinghouse for information and referrals for women.

1. **Goals and Objectives**

Goal I: Increase access to entrepreneurial and vocational training.

- Provide specialized vocational and entrepreneurial training to low-income women.
- Design instructional courses to teach small business development skills for women wishing to explore self-employment.

CHAPTER 6. PARTNERS IN PROGRESS

Goal II: **Establish a women's small business incubator and self-employment project.**

- Establish a support base and coordinate resources for women exploring **self-employment options**.
- Assist low-income entrepreneurs in finding financial resources for their businesses.
- Provide managing and marketing services for participating cooperative and small business ventures.
- Distribute handbooks and directories containing small business development information and services.
- Provide opportunities for women to participate in self-employment business ventures.
- Develop a small business incubator.

Goal III: **Expand supportive services programming that addresses the special needs of low-income women.**

- Design and develop instructional workshops and group support meetings focused around life management skills and the transition from welfare dependence to **self-sufficiency**.
- Provide family-focused enrichment activities for women and children.
- Establish a women's resource library.
- Coordinate community resources to benefit low-income women.
- Organize women around issues of mutual interest.
- Provide for child care and transportation needs of project participants,
- Provide intensive motivational and transitional counseling.

CHAPTER 6. PARTNERS IN PROGRESS

2. Outreach and Promotion

Project outreach activities were designed to reach potential clients who could benefit from services and to promote the program in the local community. Promotion occurred through use of the press, letters, telephone calls, and organization visits. Over time, participants indicated that they most frequently heard about the program through word-of-mouth.

In addition to client outreach, program staff made a consistent effort to showcase the program on television and radio, through public service announcements, interview shows, and special segments. Presentations on the program to the community groups and service clubs were also done as a matter of course. The programs were also regularly featured in the WCC newsletter, *Womyn Share*.

3. Assessments and Enrollment

Assessment tools included completion of an application, an educational/employment development plan, and a preinventory form. New project participants were each given an in-depth intake interview with a case manager. During that time, special needs and interests were determined and explored.

A learning plan was developed that took into account the specific needs and goals of that person. A six-page Educational/Employment Development Plan (EDP), purchased from an adult education program in Michigan, became a permanent record in the client file. The EDP was updated quarterly or on an as-needed basis for participants as goals changed, goals were accomplished, or life circumstances warranted.

Training candidates were given math and reading tests (the Adult Test of Basic Skills was most often used). Also the General Aptitude and Testing Ballistics (GATB), APTICOM, JOB TAP and other skills/interests inventories were given to help place students appropriately in training classes and to link them up with necessary clinics.

4. Supportive Services

The WCC provided case management services, counseling, group support meetings, and specific women-related services. An EDP was developed for each program enrollee. This EDP contained information by which a participant's progress was evaluated.

Family-focused activities included home visitation services, educational field trips, and after-school activities. Project staff designed individualized self-esteem and personal skills-building activities for the women in the program. Regular group and individual counseling and life management skills workshops were an ongoing part of the program. Child care and transportation coordination and assistance were also provided through stipends or reimbursement. The WCC worked cooperatively with other agencies and organizations to coordinate supportive services to women and to educate the community to issues related to the feminization of poverty.

CHAPTER 6. PARTNERS IN PROGRESS

5. Group Counseling and Support

Monthly and biweekly support groups were held in a variety of locations for the purpose of providing a group support base for participants of the program. Sites for workshops and group meetings included: alternative education classrooms, vocational center and community colleges where participants were attending classes, community centers, and the CAA central offices.

6. Child Care and Transportation

Given the target population of single parent women, it was anticipated that project participants attending training or support services activities would need child care or transportation assistance. However, through good staff work, these services were provided using other community resources.

The local department of social services through its Michigan Opportunity and Skills Training Program (MOST) understood DPP training activities to be valuable and if participants registered with MOST, their child care and transportation costs were paid. Through a companion grant (Carl Perkins Vocational Technical Act), the program was able to access additional child care and transportation resources as well.

7. Vocational/Entrepreneurial Training

The vocational skills development and training portion of the program provided opportunities for women who needed career development or retraining. Enrollment in training occurred on an open-entry, open-exit basis. Training was provided by vocational centers, community colleges, and business and trade schools. High school/General Equivalency Diploma (GED) completion and remedial skills training were a part of this component. Training participants were assessed for interests, abilities, and special needs by project staff. Job search and placement services followed training completion for those participants pursuing nontraditional careers or those not ready to participate in a self-employment venture.

Specialized entrepreneurial training, the Supportive Entrepreneurial Project (SEP), occurred in Calhoun County with a focus on the cities of Battle Creek and Albion. Five workshop series, ranging from 6 to 12 weeks in length, were offered for participants seeking training in small business development. This series instructed participants on all aspects of small-business startup, including market analysis, management, marketing, financial, and resource development. Workshop presenters were business experts from the community who volunteered their time to the project. Each workshop participant constructed a business plan for her self-employment venture. Each emerging business was nurtured toward success by providing ongoing case management support, advocacy, and assistance by project staff.

The WCC produced and distributed two directories that highlighted female-owned businesses and SEP project participants as a marketing tool.

CHAPTER 6. PARTNERS IN PROGRESS

8. Small Business Incubator

During the course of the program, the CAA worked cooperatively with other economic development entities to develop and establish a small business incubator that would benefit project participants. A grant was secured from a local foundation to do a feasibility study on the incubator project. The study recommended that a 'process' incubator (incubator without walls) be established. As it turned out, the incubator took longer than expected to come to fruition and was only finally established through the local economic development entity as the Demonstration Partnership Program (DPP) project was ending.

C. Partnerships

There were four formal partners participating in the project the first year: The CAA of South Central Michigan as fiscal agent (with the **CAA** Womyn's Concerns Center serving as the coordinator of the project); the Calhoun Area Vocational Center (providing training); the Battle Creek Investment Growth Corporation (loan fund), and the Small Development Business Center (providing technical assistance in small business development).

In the second year, the Small Development Business Center was closed due to State budget cuts. At that time, a new partner, Battle Creek Unlimited, was added to cover the needed services. In addition, over 50 other community-based organizations, agencies, and institutions networked with CAA and provided cooperative services to the project. The operational responsibilities **reflected** in the partnership agreements are as follows:

CHAPTER 6. PARTNERS IN PROGRESS

Agency

Operational Responsibilities

CM of South Central Michigan

Administration and Fiscal Oversight

CAA Womyn's Concerns Center

Promotion and Intake
Case Management Supportive Services
Counseling and Group Support
Information and Referral
Child Care and Transportation
Community Advocacy
Resource Development and Brokerage
Coordination of Project
Evaluation

Calhoun Area Vocational Center

Testing and Career Counseling
Vocational Training
NonTraditional Support
Job Placement Services
Assessment
Basic Skills Training
Industry-Specific Training
Work-Study Options

Small Business Center/Battle Creek Unlimited

Entrepreneurial Skills Workshops
Technical Assistance
Resource Development
Individual Business Counseling

Battle Creek Investment Growth

Loan Access
Technical Assistance

D. Participant Characteristics

The project served low-income women of all ages in the **CAA's** four-county service area. "Partners in Progress" targeted single parents, displaced homemakers, and women of color and addressed the special needs of these populations. A total of 25 1 low-income women were served by the "Partners in Progress" **program.**

CHAPTER 6. PARTNERS IN PROGRESS

In order to participate in the program, incomes of the applicants could be no greater than 125 percent of the poverty level income. At the time of intake into the program, 65 percent of the women were receiving Aid to Dependent Children (ADC) or General Assistance (GA) benefits, 70 percent were receiving Medicaid, and 72 percent were receiving food stamps. **The** mean family income of the participants was \$512.34 per month, excluding food stamps. The average value of the food stamps received by the participants was \$171.10 per month.

Of the women who were receiving public assistance, 31 percent had been receiving it for 1 year or less, 38 percent had received it for 3 to 5 years, and 31 percent had been on public assistance for over 5 years. **The** median number of years on public assistance was 3.2.

The women participants were predominantly heads of single parent families: 82 percent lived in households where they were the only adult, and 82 percent had at least one child younger than 16 years of age. Only 8 percent of the women were married at the time of entry into the program, 37 percent were single, and 55 percent were formerly married (divorced, widowed, or separated).

The participants ranged in age from 15 to 62 with a median age of 31. **Five** percent were below 20, 38 percent were in their twenties, 41 percent were in their thirties, and 15 percent were 40 or over. Almost two-thirds of the women were white, 30 percent were black, and 5 percent were other racial/ethnic groups.

Most of the participants reported having had some work experience. Only 13 percent had no work experience at all. The total number of years of full time work ranged from 1 to 18 years, with a median value of 3.0 years. The most frequently reported level of education was high school diploma or GED, reported by 49 percent of the participants. Twelve percent had not completed high school, 38 percent had some college or **technical** school experience, and two percent were college graduates.

II Discussion of Findings

A. Impact of Program on Clients

The purpose of "Partners in Progress" was to help low-income women move toward self-sufficiency through supportive case management services, vocational training, and/or entrepreneurial training. Movement toward self-sufficiency was measured by the following outcome variables:

- Employment - obtaining a permanent full-time job
- Self-employment - taking one or more of the following steps toward development of a small business enterprise:

CHAPTER 6. PARTNERS IN PROGRESS

development of a business plan
application for a small business loan
having an operational business
generation of business income

- Improved employability • increased scores on the Life Skills Index.

In order to determine whether “Partners in Progress” was successful in moving low-income women toward self-sufficiency, the following hypotheses were tested:

Hypothesis 1. Low-income women who receive case management services will exhibit greater employability than low-income women who initially apply for the program, but do not receive services.

This hypothesis was tested by comparing the mean scores on the Life Skills Index of the case management group and the comparison group after 24 months of treatment, controlling for initial scores at intake using analysis of covariance. Scores on the Life Skills Index range from a low of 17 indicating much improvement is needed in every area to a high of 68 points indicating no improvement is needed in any area.

The comparison group for this project was a self-selected group of individuals who completed intake for the program and then chose not to participate. They therefore received no program services. The comparison group members, as well as the treatment groups, were followed up at 24 months after the start of the program. At the intake, there was no significant difference between the two groups. However, at the end of 24 months, there was a significant difference between the means of the two groups. Although the numbers are small, the case management group gained 13.3 points and the control group gained only 2.5 points. It is concluded that low-income women who received 2 years of case management services show more movement towards self-sufficiency through gaining life skills than do low-income women who received no services.

TABLE 1
Mean Scores on the Life Skills Index of the Case Management Group and
Control Group at Intake and After 2 Years

<u>Group</u>	<u>N</u>	<u>Intake</u> ¹	<u>Two Years</u> ²	<u>Gain</u> ³
Case Management	10	36.7	50.0	13.3
Comparison	9	39.7	42.2	2.5

¹ Difference Not Significant.

² Difference Significant at $p < .05$.

³ Difference **Significant** at $p < .01$.

CHAPTER 6. PARTNERS IN PROGRESS

Hypothesis 2. Low-income women who receive case management services and vocational training will be more likely to be employed at a higher hourly rate than low-income women who do not receive these services.

To test the first part of this hypothesis, the percent of low-income women receiving vocational training who got a full time job was compared to the percent of low-income women in the case management and comparison groups who got a full-time job. Results of this analysis are presented in Table 2. Of the 112 low-income women receiving vocational training, 47 percent were able to obtain a full-time job, as compared to only 16 percent of the case management group and 23 percent of the comparison group.

TABLE 2
Percentage of Low-Income Women
in the Vocational Training, Case Management, and Comparison Groups
Who Obtained Full-Time Employment

<u>Group</u>	<u>N</u>	<u>Percent Obtaining Full-Time Job</u>
Vocational Training	112	47.3*
Case Management	19	15.8*
Comparison	3	23.1

*Difference Significant at p c .01.

The second part of this hypothesis was tested by comparing the hourly wages of the women who obtained employment. As shown in Table 3, the means of the groups are not significantly different. Therefore, this part of the hypothesis is not accepted. It is concluded that vocational training increases the likelihood of finding a job, but does not increase the hourly wage.

TABLE 3
Mean Hourly Wages of Women Who Obtained a Full-time Job

<u>Group</u>	<u>N</u>	<u>Mean Hourly Wage*</u>
Vocational Training	42	\$4.82
Case Management	13	4.83
Comparison	3	4.72

*Difference Not Significant.

CHAPTER 6. PARTNERS IN PROGRESS

Hypothesis 3. Low-income women who receive case management services and entrepreneurial training will be more likely to have taken one or more steps toward self employment than low-income women who do not receive these services.

This hypothesis was tested by computing the percentages of each group that had taken steps to develop a small business. No participant in any group applied for a small business loan so those results are not presented. The percents of the participants in each group taking each of the other steps are presented in Table 4.

TABLE 4
Percentage of Clients Taking Steps to Develop a Small Business

<u>Group</u>	<u>N</u>	<u>Business Plan¹</u>	<u>Operational Business*²</u>	<u>Produced Income³</u>
Entrepreneurial	26	80.8	46.2	26.9
Vocational	112	5.4	0.9	1.8
Case Management	19	0.0	0.0	0.0
Comparison	13	15.4	23.1	7.7

¹ Chi-square = 89.4, significant at $p < .001$.

² Chi-square = 55.5, significant at $p < .001$.

³ Chi-square = 25.5, significant at $p < .001$.

The group receiving entrepreneurial training had a significantly higher percent taking each step as compared to the other groups. About four-fifths of this group developed a business plan, almost half developed an operational business, and over one-fourth had actually produced income from their business. This hypothesis was supported by the data, and it is concluded that **entrepreneurial** training results in an increased likelihood of taking one or more steps toward self-employment.

B. Hypothesized Versus Actual Outcomes

At the completion of the funding period, the status of each of the women who had gone through the intake process was assessed. Due to the transient nature of the target population, it was sometimes hard to keep track of project participants and the comparison group. They moved frequently, had telephones disconnected, left town with no forwarding address, and moved in with relatives without telling us. Consequently, we lost some participants through attrition and had no way of tracking them to find out why they no longer wanted to participate in the program.

CHAPTER 6. PARTNERS IN PROGRESS

Those who intentionally left the program gave reasons such as pregnancy, the need to care for ill family members, relocation outside of the area, personal life crises they did not wish to share, hospitalization, surgery, mental illness, and parenting concerns.

Of course, there were many who left the program on a positive note - **they** got jobs, got married (and therefore no longer lived in poverty), etc.

Each woman was classified in one of three ways: premature termination (moving or dropping out for **other** reasons), successful termination (reaching self-sufficiency by obtaining a job or by other means), or ongoing participation (for the comparison group, this meant living in the area but not receiving services). The results of the **classification** are presented in Table 5. It can be seen that the entrepreneurial group was most likely to achieve successful termination from the program. Almost two-thirds of the women in this group were classified as cases of successful termination, and another one-fifth of them were still participating. The vocational group was also successful, with one-third achieving a successful termination and one-third continuing participation in the program. **The** women who received only case management services were four times as likely as the comparison group to achieve this status. The difference in the percents of the case management and comparison groups undergoing premature termination (three-fourths versus one-half) is probably somewhat misleading. Because the case manager met regularly with their clients, they were aware of each and every member of the case management group who no longer wished **to** participate in the program. **This** was not true of the women in the comparison group, and probably some of those listed as ongoing participation would be identified as premature terminations if they were actually required to keep in contact.

TABLE 5
Percents of Clients Achieving Various Outcomes
at the Completion of the Program

<u>Group</u>	<u>N</u>	<u>Premature</u> <u>Termination</u>	<u>Successful</u> <u>Termination</u>	<u>On-Going</u> <u>Participation</u>
Entrepreneurial	33	15.2	63.6	21.2
vocational	129	33.3	33.3	33.3
Case Management	36	75.0	16.7	8.3
Comparison	50	46.0	4.0	50.0

Table 6 shows the percents of the participants in the four groups who took various actions leading to independence and self-sufficiency. Observation of this table shows that members of the entrepreneurial group were much more likely to report that they had begun entrepreneurial training than the member of the other three groups. The vocational and case management groups were most likely to report beginning employment. All these differences were statistically significant.

CHAPTER 6. PARTNERS IN PROGRESS

TABLE 6
Percentage of Clients Taking Actions Leading to Independence

<u>Group</u>	<u>N</u>	<u>Began Entre- preneurial Plan¹</u>	<u>Began Vocational Plan²</u>	<u>Became Employed³</u>
Entrepreneurial	26	73.1	7.7	46.2
Vocational	112	0.9	53.6	47.3
Case Management	19	5.3	47.4	15.8
Comparison	13	7.7	15.4	23.1

¹Chi-square = 99.2, significant at $p < .001$.

²Chi-square = 22.5, significant at $p < .01$.

³Chi-square = 8.8, significant at $p < .05$.

The percents of clients in each of the four groups who reported dependence on Government assistance are presented in Table 7.

TABLE 7
Percentage of Clients Formerly Receiving Government Assistance
Who Reduced Dependence on That Assistance

<u>Group</u>	<u>stopped ADC or General Assistance¹</u>	<u>Reduced Food Stamps²</u>	<u>Stopped Medicaid³</u>
Entrepreneurial	11.1	58.3	9.1
Vocational	18.4	23.4	8.9
Case Management	6.3	18.8	0.0
Comparison	0.0	10.0	0.0

W-square = 3.2, not significant.

²Chi-square = 8.7, significant at $p < .05$.

³Chi-square = 2.5, not significant.

Although higher percentages of the entrepreneurial and vocational groups reported stopping ADC, General Assistance, or Medicaid, as compared to the case management and comparison groups, these differences were not **statistically** significant. However, members of the entrepreneurial group were significantly more likely to report reduced food stamps as compared to other groups.

CHAPTER 6. PARTNERS IN PROGRESS

C. Institutional Impact

The DPP program had a very definite and positive impact on the CAA of South Central Michigan. As a result of seeing the major impact that the case management style of supportive programming had on lifting women out of poverty, a new “Community Services Division” was established by the Governing Board. This division was set up to take the good lessons learned from the DPP project and implement them for all low-income persons and families, working cooperatively with other CAA departments. This is a very significant change in the agency.

D. Conclusions

Provided with supportive case management services, or case management and specialized training, low-income women move toward self-sufficiency through employment, self-employment, or improved employability. Specifically, case management services improve employability over a 2-year period. Women receiving vocational training along with case management services are more likely to obtain employment than those not receiving these services, although the hourly rate is not higher. Low-income women who receive entrepreneurial training and case management services are more likely to have taken steps toward self-employment than low-income women who do not receive these services.

Chapter 7

Capital Opportunities

District IX Human Resources Development Council, Inc.

Bozeman, Montana

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

Agency: Human Resource Development Council, Inc.
Bozeman Hotel, Suite 300
321 East Main
Bozeman MT 59715

Director: Jeff Rupp, Executive Director

Evaluator: Survey Research Center
Montana State University
Bozeman, Montana

Contact Person: Lynn Robson, Program Director

Telephone: (406) 5874486

Project Type: Small Business Development

Project Title: Small Business Development Project

Model: Quasi-Experimental Design, Time Series, Non-Equivalent Comparison Group

Project Period: May 1989 - July 1991

I. Background

A. Purpose of Program

The purpose of the program was to reproduce the Vermont Job Start program of business technical assistance and business capital for disadvantaged populations in a four-county area (Madison, Meagher, Park, and Gallatin counties) in Montana. The only major differences between the Vermont and the Capital Opportunities (CO) program in Bozeman were that technical assistance was to be provided through second parties rather than residing within the program itself, and capital was to be provided by the CO program rather than the State. The project was a replication demonstration, the purpose of which was to increase the availability of access to business capital by low-income populations, particularly those with limited or no business training. Issues addressed by Capital Opportunities were directly related to: 1) the extreme rural setting of the program; 2) the resource-based economy of Montana, which produces an unemployment rate consistently above the national average; 3) low bank loan-out rates in Montana; and 4) the market stability faced by microbusinesses. The program started in May 1989 and was due to finish April 30, 1991, but was extended to July 30, 1991, due to start-up delays.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

B. Description of Program

The CO program was built on the Vermont model. It coupled a loan fund with business technical assistance targeted to low-income and disadvantaged populations. The project goals were: (1) to establish a loan fund; (2) to pursue State Aid to Families with Dependent Children (AFDC) waivers to enable **self**-employment; and (3) to advocate for affordable business insurance and commercial loans for low-income persons and disadvantaged populations.

The objectives were to provide a replicable model through the writing of a handbook, to provide an application package and loan procedure in order to describe information needed to determine loan viability, to write 32 loans in 24 months with a default rate of less than 10 percent, to pursue additional loan fund capital through local banks as well as State and local programs, and to provide participant access to business insurance.

C. Partnerships

The contractor for CO was the District IX, Human Resource Development Council, Inc. (HRDC), a Community Action Agency (CAA) located in Bozeman, Montana.

The original primary partner was Headwaters Entrepreneur Resources, Inc. (**HERI**), a microbusiness training and support center that had been in operation since 1988. After failure of the partnership agreement with **HERI**, a new primary partner, the U.S. Department of Commerce (**DOC**)/Small Business Development Center (SBDC), agreed to provide the following services for the CO program:

- Gather information from applicants seeking to obtain loans under the CO program to make **an** initial determination of the applicant's eligibility for participation, and to provide copies of all documentation needed for the application process;
- Provide business technical assistance to enable CO applicants to prepare a business plan for attachment to the application package, as well as to provide consulting to qualified applicants during the period of the program to encourage positive business practices and conformance to loan repayment terms;
- Undertake outreach efforts to contact persons and entities meeting the eligibility requirements of the CO program;
- Provide matching funds; and
- Cooperate with the third-party evaluator in providing any documentation needed for the evaluation plan.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

Additional subpartnerships were established and maintained as the program evolved. Among the subpartners was the **Gallatin** County Welfare Department, which agreed to cooperate in pursuing administrative rule clarification for welfare recipients to allow them to continue to receive, on a temporary basis, assistance after getting the loan **and** generating business income. The Galhuin County Welfare Department also agreed to provide requested data regarding public support for project participants, such as AFDC, food stamps and child support

Other subpartners included the banking community, the **Bozeman** Chamber of Commerce, Montana State University (its primary responsibility was to provide the third-party evaluator), business associations, the Montana Department of Labor, the Montana Department of Social and Rehabilitation Services, and other public and private agencies.

D. Target Population

The target population was the economically disadvantaged population of the four-county area. **The** population included displaced homemakers, dislocated workers, AFDC recipients, victims of farm closures, and persons age 18-21. Emphasis was given to AFDC recipients. CO's requirements for loan applicants included that they be Montana residents, be at least 18 years of age, have inadequate financial resources to undertake their business proposal, have exhausted commercial funding resources, have completed business training (including the preparation of a business plan), fall within the program's target population and meet U.S. Department of Health and Human Services income guidelines of less than **125** percent of the family poverty level. According to the proposal, it was estimated that in the four-county area, there were **375** disadvantaged people who were eligible to apply for the CO loans. It was conservatively estimated that 10 percent of those had the potential to be successful entrepreneurs.

II. Study Approach and Evaluation Methodology

A. Operational Definitions of Outcome Measures

1. Outcome Evaluation

- Data collection on the comparison group: 19 people were identified for the comparison group. They had received **HERI** training before the CO program was in place. They attended **HERI** classes between July 1988 and August 1989. Follow-up interviews were conducted over the phone in February and March of 1990. Sixteen out of the original 19 in the group were successfully contacted. Of the 16, 13 provided welfare release forms so that the project might collect and verify any amounts received under public assistance. The data collection instruments that were used were the original data sheet that was completed by **HERI** clients upon entering the **HERI** program and the follow-up questionnaire.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

- Data Collection on the intervention group: Fourteen CO loans were awarded. Most of the needed data were collected from the application package. In addition, follow-up questionnaires were sent to the **first** 11 loan recipients near the end of June 1991. Reminders were sent in July and August. As of September **1, 1991**, eight had responded to the request. Attempts to collect the questionnaire were also made through the intermediary of CO's assistant manager, who, during his monthly scheduled business monitoring session, reminded them of the questionnaire and sent them a form letter. This questionnaire helped determine the degree of business success, change in household income, and progress toward self-sufficiency.
- Public assistance data collected through the welfare office and HRDC: with the cooperation of the welfare office and **HRDC**, the evaluators collected the following data: AFDC payments, food stamps, child support, fuel energy assistance, and rent allowance.

2. Process Evaluation

Sources of data included:

- **The** monthly process evaluation checklist completed by the CO staff, **HERI**, and the new partner, **DOC/SBDC**, which evaluated the relationships among them, the structure and the progress of the program, and the events and obstacles that impacted the smooth running of the program.
- Interviews with the CO manager and the assistant manager to describe and evaluate their roles, to assess strengths, weaknesses, and perceptions of the program, and to describe the inter-agency partnership process and the overall success of the program. This survey was administered at the end of July 1991.
- A survey mailed in July 1991, to all of the technical assistance providers to determine the role played by technical assistance, and to describe the assistance provided as well as its availability.

B. Interventions

The project hypothesis was that the combination of a loan fund for business formed by economically disadvantaged individuals with technical assistance provided by the primary partner would reduce public assistance and generate greater self-sufficiency than would training alone. **The** critical elements of program implementation included:

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

- Design of a loan fund and formation of a loan review board with membership consisting of elected officials, economic development entities, employment and training programs, bankers, and entrepreneurs. **The** board was to meet monthly to set criteria such as ceilings for loans and interest rates; to review, accept, reject, or investigate applications; and to review oversight monitoring of loans;
- Pursuit of additional loan fund capital through local banking participation and State and Federal programs that would **provide** leverage to serve a maximum number of the target population and establish permanent continuation program budget;
- Establishment of a loan manager to design and implement procedures for application, award, monitoring, payback and completion of loans: to determine eligibility of all applicants; to design the evaluation forms with the evaluator to collect the appropriate data; to design appropriate financing strategies, to provide oversight and the monthly monitoring of loans; to act as a resource for the Loan Review Board Committee; and to manage the loan fund;
- Writing of a minimum of eight (8) loans by July 1, 1989 and twenty-four 24 additional loans by the end of the program; monitor those loans; and maintain a default rate of less than 10% (In January, 1991, the CO program manager was granted a request to reduce the number of loans to 14);
- Calculation of the public savings; and
- Advocating for necessary business insurance and for commercial loans.

III. Evaluation Findings

Although a final report was scheduled to be completed by the end of the program, it was recognized that the long range results anticipated in the hypothesis could not be fully collected and documented within the time frame of the program. These limits were imposed by the fact that the small business cycle typically lasts longer than one or two years. Additional funding has been secured through the Capital Opportunities State Expansion program, which will offer the program in four sites in the state of Montana, Bozeman, Kalispell, Billings and Hamilton (**Missoula**). As a consequence, the original loan recipients will be observable through October 1992.

However, a set of preliminary **findings** on participant characteristics, operational issues, and initial outcomes have been compiled. They are presented below.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

A. Participant Characteristics

Characteristics of the loan recipients were identified **through** an examination of the loan files kept in the CO office. **The** findings are summarized in Table 1.

TABLE 1
Capital Opportunities Loan Recipient Characteristics

<u>Demographic/ Social Characteristics</u>	<u>Percent</u>
Race	
white	100.0
Black	0.0
Hispanic	0.0
Native American	0.0
Other	0.0
Gender	
Male	35.7
Female	42.9
Mixed Couple	21.4
Age Average	38
Range	27 - 49
Proportion Between 36 and 49	71.4
Education	
High School Diploma/GED	93.0
One to Three Years College	42.8
Marital Status	
Single	42.9
Other	57.1
Proportion with Children	85.7
Average Household Size	3.5
Self-Employed	71.5
Place of Birth	
Montana	14.3
Other	85.7

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

Characteristics of the loans themselves were drawn **from** the same set of **files**.

- Of the 14 loans awarded by the CO program, the first one was awarded during the first 8 months of the program, in 1989. Half of the loans were given out in 1990, and six were awarded in the last 7 months of the program in 1991. The CO program goal was to award eight loans by the end of the first year. At that time, 62.5 percent of the objective was realized.
- The average number of days between the completion of a loan application and its acceptance was 27. The range was between 8 and 73 days.
- About two-thirds of the loans that were awarded were for more than \$9,000. The average amount awarded was \$8,423. The mode was \$10,000, representing 8 loans.
- More than two-thirds of the loans (71.4 percent) were used to buy equipment and supplies; 2 1.4 percent received their loan in increments.
- The average amount contributed to the business by the loan recipient was \$868. **One-**third of the loan recipients contributed no money.
- As of May 30, 1991, **42.9** percent of the loans had just been recently awarded and had not had enough loan payments due to yield statistically relevant data. Among the remaining loans, 62.5 percent were current, 25 percent deferred, and 12.5 percent in default for a total default rate of 7.1 percent (lower than the 10 percent of the objective).
- Of the businesses funded by the loans, 7 1.4 percent were existing businesses (half of them less than a year old), 92.9 percent were sole partnerships, and 78.6 percent were **home-**based businesses.
- A total of 5.5 Equivalent Full-Time (**EFT**) positions were created and 14.5 EFT were maintained. There was an average of 1.43 **EFT** employees per business.
- The average monthly business sales or receipts **totalled** \$3,883. One-fourth of the responding businesses reported **sales** over \$5,000.
- A total of **50** percent of the CO participants received some form of additional public assistance, which is outlined in Table 2, below:

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

TABLE 2
Additional Public Assistance By Type

<u>Type of Public Assistance./ Subsidized Income</u>	<u>Percent</u>
AFDC	28.6
Food Stamps	42.9
Fuel and/or Rental Allowance	35.7
Unemployment Benefits	14.3
Child Support	7.1

Eight of the 14 participants received a monthly average of \$448.47 in AFDC, food stamps, and/or fuel/rental assistance.

TABLE 3
Yearly Household Income of CO Loan Recipients

<u>Yearly Household Income</u>	<u>Percent</u>
Less than \$5,000	15.4%
Between \$5,000 and \$10,000	38.5%
Between \$10,000 and \$15,000	46.1%

B. **Operational Issues**

1. **Relationship with primary and subpartners:**

The original partner was Headwaters Entrepreneur Resources, Inc. (**HERI**), a microbusiness training and support center that has been in operation since 1988. Because of a conflict over goals and personality clashes, the negotiations for a partnership with **HERI** failed and a new primary partner was sought. This change in the primary partner prevented the smooth startup of the program.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

The new primary partner, the **Gallatin** Development Corporation (GDC)/SBDC, provided reliable, conscientious, and timely technical assistance until September 1990 when personnel changes created a hiatus. During the g-month transitional period before a full-time officer for the SBDC office could be hired, the technical assistance offered was minimal and unreliable. CO staff had to deliver most of the technical assistance. **The** extremely long period before reliable technical assistance resumed sharply reduced the number of loan applications submitted for review.

In summary, technical assistance has been a main problem in the program due to lack of skill and availability, but also because of political and contractual issues with the SBDC office providing the temporary officers.

During the course of the program, subpartner involvement was generally minimal, and in some cases, nonexistent. The following subpartner relationships were maintained:

- The GDC hosted the SBDC office and provided a Loan Review Board member;
- The Survey Research Center at Montana State University did the evaluation for the program. Two faculty members were recruited for the Loan Review **Board Committee**;
- HER1 periodically sent a small number of referrals from its classes, except during the summer of 1990 when it was not in service;
- Monetary contributions were provided by the following subpartners: the State Department of Commerce, GDC, HRDC, the Bozeman Chamber of Commerce, the Belgrade Chamber of Commerce, and the Park County Economic Development Corporation;
- **The** local Human Service Department offered welfare assistance. The relationship between the CO staff and this department was satisfactory even though welfare waivers did not progress as expected. Personality problems at the local office level, in addition to other State issues, prevented the welfare waivers from being implemented effectively. **The** waivers were changed to “administrative rules” during the second year of the program;
- The local banks were a very good source of referrals and the relations with them have been very satisfactory. Through an agreement with the CO program, four bank officers gave up to 10 hours of free technical assistance to potential CO loan applicants. **This** assistance was offered during the transitional period when technical assistance resources were scarce and unreliable.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

2. **Staffing:**

The program staff was chosen carefully. Each member served as half a counselor and half a business person in order to work more successfully with the potential loan applicants and loan recipients.

- CO staff: the loan fund manager was hired in July 1989. The program assistant was hired in **February** 1990 on a part-time basis. In November 1990, the position became permanent. At that time, the manager of the CO program became manager for the newly granted Capital Opportunity State Expansion Program, and the program assistant became the manager of the original CO program. **The** distribution of their time changed as the program evolved (see chart).
- Technical assistance providers: technical assistance was offered through the primary partner, SBDC. Because of the resignation of the original SBDC officer, who had provided reliable and consistent service, and because of the long transitional period before a permanent replacement was found, technical assistance was provided by interim **SBDC officers**, local bank officers, and by each member of the CO staff. Technical assistance providers were available from 8 hours a week to 30 hours a week. The average time was about 14 hours a week or less than 2 days. The number of potential loan applicants who received technical assistance varied from one per month to four per day, depending on the provider. Each visit lasted from 1 to 2 hours, and the number of visits per participant varied **from** one to four with an average number of 2.9 visits per potential loan applicant.

Prior to loan award the technical assistance most requested and offered was assistance in the completion of the application package. Typically, the potential loan applicant needed help defining the feasibility of his/her business, writing the business plan, providing the different financial statements and preparing other documents required in the application package. In this capacity, the technical assistance provider had to be a counselor as well as specialist. After loan award, technical assistance requirements shifted to record keeping, cash flow and break-even point analysis, and sales and marketing assistance. Even though the majority of the loan applicants agreed that the application package was difficult to fill out and required a great deal of data, they felt that the work involved in preparing the loan package was necessary to develop their idea and get a better financial picture of the business they were about to enter.

In addition to providing technical assistance, each of the providers referred his/her clients to outside agencies for more specialized help such as bookkeeping and accounting (through **CPAs**), legal advice (through attorneys), or other counseling **from** SBDC offices in Montana or private out-of-town incubators.

According to the providers, 91 percent of the participants kept their scheduled meetings. They also agreed that most participants did not have any business education and were unfamiliar with the loan process. Most of them were competent in filling out the application package and understood their business. The participants appeared to be very motivated, eager to start or expand their small business, and to become more self-sufficient. They were also very open and willing to receive guidance and were especially

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

appreciative of the help received. Some participants became aware of the limitations of their businesses through the loan application process and decided to withdraw their applications. The technical assistance program helped these individuals to realize that becoming self-employed in order to become more **self-sufficient** was not the best solution for them and that they needed to search for other options to **self-sufficiency**.

3. **Progress**

- The client outreach effort was critical to program success due to extremely low population density (5.4 people per square mile) in the **Bozeman** area. Direct outreach to low income individuals was accomplished through meetings with local businesses and civic groups, presentations to community agencies and incubators, and public presentations and training sessions where loan packages were distributed to potential interested applicants. The program was also advertised through mailings to banks and to AFDC recipients in the four-county area as well as through newspaper releases.
 - A total of 358 application packages were distributed including 200 (55.87 percent) to the **Bozeman/Belgrade** area;

About 84 percent of the application packages were sent to people within the **four-county** area;
 - Most referrals came from the newspaper/public training sessions (20.11 percent), the AFDC mailings (18.72 percent), and communities agencies including SBDC office (20.95 percent);
 - The largest number of applications came from the County Welfare Department's quarterly ATP mailings, but the largest number of eligible and the best quality applicants came from the banks;
 - A total of 32 packages were received from the 358 distributed for a rate of return of 8.94 percent;
 - Of the 32 application packages received, 29 (90.6 percent) were reviewed;
 - Of the 29 reviewed, 21 were interviewed by the Loan Review Board members;
 - Of the 21 interviewed, 14 were approved for a total approval rate (total applications received/total applications approved) of 43.8 percent.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

4. Critical elements of program implementation

In order to be successful, the CO program had to combine the following critical elements:

- a. Access to adequate financing through the design of a loan fund that included the formation of the Loan Review Board Committee and the hiring of the CO manager. The latter hiring was accomplished on July 10, 1989, amidst some controversy and discussion between the primary partner, **HERI**, and HRDC regarding control over the grant management. The delay had considerable impact on the program and the resultant hard feelings were a burden. The Loan Review Board Committee was established in August 1989 with no major problems or delays.
- b. Access to appropriate technical assistance: the CO program had to provide training and guidance in management, marketing, bookkeeping, problem solving, and referrals to other sources.
- c. Access to coordinated services (welfare waivers): administrative rules were created to enable such waivers, but the process was exceptionally long due to some reluctance from local offices.
- d. Technical assistance was offered free to potential loan applicants.

At the end of the program, the first eleven loan recipients received a questionnaire that asked them to comment on the technical assistance process. Right responded to the request. Among them, some complained about the poor availability during the transition period, but all agreed that the technical assistance received was helpful. While the loan recipients agreed that technical assistance was usually or always available, the lack of consistent technical assistance was a major concern throughout the duration of the program. This was in spite of the fact that whenever the provider was absent, loan recipients were offered technical assistance through the CO staff. The exact number of potential applicants who were discouraged by the lack of technical assistance when preparing their loan package is not known.

C. Outcomes (Actual Outcomes Including Unanticipated Outcomes)

1. Both groups were comparable:

Statistical comparison of demographic variables showed that the two groups were comparable, with similar demographics. The only variable that showed any statistically significant difference was the number of years employed before; applying for the CO loan. At the time of their loan application, loan recipients were unemployed for a lesser period of time than the comparison group. This is because 10 of the 14 loan recipients or 71.4 percent were already self-employed.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

2. **The hypothesis that the existence of the loan fund would make a positive difference in the performance of clients who had business training and no access to a loan fund was tested:**
 - Fifty percent of the members of the comparison group on whom data were collected did pursue or expand their business ventures. This is in contrast to 92.9 percent of CO loan recipients who were still self-employed at the end of the program evaluation. It is possible that the other 50 percent **from** the comparison group did not pursue their business due to lack of financing;
 - **The** mean for the comparison group was \$1,621 while that for the CO loan recipients was \$3,883, a difference of 139 percent;
 - The receipt of a CO loan also appeared to have allowed the CO participants to progress, increase their sales, and proportionally increase their personal allowances or salaries. The average salary drawn from the business was \$220 during the first month the business was in operation. This amount gradually increased to \$548 by the sixth month, for a total increase of 149 percent.
3. Welfare income and change: On average, the CO loan recipient received less welfare assistance per month (\$178.35 for loan recipients compared to \$207.82 for members of the comparison group). Even though only one loan recipient was removed from welfare, it is still expected that as the businesses grow and stabilize, some or all of the loan recipients will eventually be removed from welfare. At that time, it will be possible to calculate the public savings.
4. Move toward self-sufficiency: Not enough data have been collected to measure program impact on self-sufficiency; however, as of July 1991, only one loan recipient had defaulted and declared bankruptcy. The other loan recipients were able to maintain their loan repayment schedule while pursuing their business. A more complete assessment of program impact on self-sufficiency will be carried out in the Capital Opportunity State Expansion evaluation report.
5. The CO program also attempted to assist loan recipients to obtain loans **from** conventional lending institutions, thereby leveraging additional funds from other sources. As of September 1991, one CO loan recipient had **obtained** a conventional loan through a bank.

In conclusion, even though technical assistance had been available in the four-county area before the CO implementation, the addition of access to capital through the program positively impacted the ability of low-income potential, small business operators to develop their ideas and start a business or expand their existing businesses. Prior to the implementation of the program, 50 percent of individuals who received technical assistance through the incubator **HERI** did not pursue their business ventures. This suggests that the CO program, which combined access to **financing** and **technical** assistance, as well as monthly business monitoring, aided low-income individuals in the four-county area to pursue or continue their ventures.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

In summary, 14 individuals or families were assisted under the program. This represented a total of 47 persons. Among the 11 individuals and families who were observed for at least 3 months, one achieved self-sufficiency and none required public welfare assistance.

IV Discussion of Findings

A. Impact of Program on Clients

The loan recipients responded positively to receiving a loan. The majority of those surveyed at the end of the program agreed that getting the loan improved their financial status and personal satisfaction. In addition, 75 percent of them noted that they either would not have started their small businesses without the loan, or needed it to remain in business. The loan saved their struggling small businesses by enabling them to expand

The CO program helped the participants financially and enhanced their self-esteem. Their businesses gave them a feeling of accomplishment, some prestige in the community, and a feeling of having helped the community by creating additional jobs. They all felt very positive toward the program and very grateful for it, especially to CO staff members who had made every effort to help them to solve problems by regularly monitoring their business and referring them to outside resources.

Comments such as the following were expressed by the loan recipients in the returned questionnaire and summarized their thoughts about the program:

“Pursuing my business venture helped me develop a positive view of myself.”

“I proved to myself and others that I could take on this difficult and demanding job.”

“It’s working!”

“It is a wonderful thing and should be given all the support possible.”

“It is an excellent program that helps businesses survive and new ones to start.”

Yearly income data reported before and after the loan, indicate a steady consistent gain. Among the first seven loan recipients (between 7 and 14 months of data were collected on each loan), close to one-third reported total yearly income over \$15,000 at the data collection cut-off date.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

Other program impacts on some of the participants are as follows:

One loan recipient's business could be considered successful even though it was still on hold as of July 1991. Because of the **seasonality** of the business and its slow start-up period, and in order to keep up with the loan repayment schedule, the recipient decided to work at another regular job in order to generate income that would keep him financially secure while waiting for the next season to resume the business.

Success also can be measured when potential loanees, who have gone through the CO loan application and the initial training, realize that they would be better off not starting a business. This was the case with a loan applicant who had been awarded a CO loan to buy the business she was managing. After careful consideration, she decided to refuse the loan and to continue to manage the business. After a year, she intended to reevaluate her situation and decide whether to reapply.

B. Discussion of expected outcomes compared to actual outcomes

The program has been successful in its public outreach role. Information dissemination on the financial assistance available through the CO program has been widespread. As a result of the CO outreach efforts, by the end of the program, the number of application requests had increased by 125 percent over the first quarter.

Under the original goals and objectives of the program, the CO staff wanted to give out eight loans by the end of the first year and a total of 32 by the end of the program. In January 1991, the latter goal was reduced to 14 and the program was extended an additional 3 months. The unavailability of free technical assistance for the loan applicants impacted the number of clients served, and consequently, the number of loan applications submitted to the Loan Review Board committee. The lack of technical assistance was the primary reason that the decision was made to reduce the loans to 14. The new goal was reached 2 months before the program expired. No additional loans were generated during the last two months of the program, but potential loan recipients were promising. A number were expected to receive loans at the beginning of the second Demonstration Partnership Program grant. Those loans will be observed under the Capital Opportunity State Expansion program due to end in October 1993.

The rate of application (which, according to the director, of the program was expected to reach 30 percent of the packets distributed) was 8.9 percent by the end of the program. This lower-than-expected rate of return can be explained by the problems with the technical assistance, which impacted the number of potential loan applicants assisted. It may also be a consequence of the broadness of the outreach effort, which may have reached a large number of individuals who were not entirely interested in being self-employed, did not qualify for the loan, or were intimidated by all of the data required and the commitment entailed by the loan package.

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

According to the goals and objectives of the program, the default rate was to be maintained at 10 percent or less. Among the 14 loan recipients, only one defaulted, for a total default rate of 7.1 percent. The low default rate appears to be attributable to the reliable business monitoring offered by the CO staff. As soon as problems in the business developed, the CO staff would offer either to help the loan recipient or refer him/her to other specialized resources.

It was also expected that the majority of the loan applicants would be receiving some kind of welfare assistance, since emphasis was given to AFDC recipients. Among the 14 loans awarded, only 28.6 percent were receiving AFDC assistance. An additional 14.3 percent were receiving food stamps, a total of 42.9 percent, or less than half. This low public assistance representation among the loan recipients might be due to the fact that welfare waivers did not progress as expected. The AFDC rule changes from the Department of Social and Rehabilitation Services (SRS), that would have permitted CO clients to gradually leave assistance through self-employment, were proposed in August 1989, but were not adopted until December 1990. The CO staff felt that these administrative rules were changed too slowly. There was greater resistance at the local welfare office level than expected. Also, some AFDC recipients, under the pressure of having their welfare assistance canceled, may have been reluctant to initiate the loan process.

C. Implications of unanticipated outcomes

The major unanticipated problem experienced by the program was the lack of consistent and reliable technical assistance through the original primary partner. This resulted in many of the situations described in previous parts of the report.

D. Institutional impact

The program disseminated information about the opening of the new Bozeman office of the DOC/SBDC in October 1989, thereby increasing its visibility. The Bozeman SBDC office was made possible through funds provided by CO, HRDC, and GDC. It became the primary partner for the program.

The program also helped to develop and implement AFDC administrative rules from the SRS that allowed CO participants to gradually leave welfare assistance (in the form of AFDC payments or food stamps) through self-employment.

In addition, the program achieved linkages with agencies from the public and private sectors and worked with the following at different levels:

- Montana State University (College of Business, College of Education, Health and Human Development, and the Survey Research Center)
- Bozeman Adult Education

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

- Bozeman Chamber of Commerce
- Service Corps of Retired Executives
- Women's World Banking **International**
- Career Transitions (Job **Opportunities** and Basic Skills)
- Women's Economic Development Group in Missoula
- Job Services offices in Bozeman and Livingston
- Banks:
 - First Security Bank of Bozeman
 - Valley Bank of Belgrade
 - First Bank of Bozeman
 - Bank of Montana
- Meagher Economic Development Group

The program also had recognizable impact on the State of Montana through activities at the State legislature:

- Testimony at the State legislative hearing in support of the Microbusiness Development Act that would advocate additional loan fund possibilities.
- Testimony in support of an SRS-supported minimum health care plan for small businesses.

E. **Research Significance**

This report's evaluation findings provide only a preliminary test of the hypothesis. This is due partly to the following limitations:

- The lack of true comparison between the two groups regarding the technical assistance received, even though both types of technical assistance resulted in the definition of a business plan.
- The small sample size of both groups. Statistical tests did not reveal any significant differences even though means were often quite different

CHAPTER 7: SMALL BUSINESS DEVELOPMENT PROJECT

- The lack of passage of sufficient time for businesses assisted through the program to mature and demonstrate success, or for the CO loan recipients to have made significant movement toward self-sufficiency.
- **The** lack of follow-up data for the comparison group, due to confidentiality issues raised by **HERI**.

Additional time is needed to test the impact on income changes, business progress, and movement toward self-sufficiency. Fortunately, the evaluators will have an opportunity to further examine the program through its continuation under a second DPP grant, which will provide a larger sample size and a longer period for data collection. An updated and more complete evaluation report will be combined with the second DPP grant

F. Replication Issues

This program would be most suitable for replication in a similar rural setting, where the unemployment rate is above the national average and where job opportunities are limited due to the economy. This hypothesis will be tested through the evaluation of the second DPP grant which proposes to replicate the Bozeman Capital Opportunity program in three additional cities in Montana, rather than to replicate the Vermont Job Start program.

It can be concluded, however, that the most important element to achieve prior to replication is in the provision of reliable, consistent and competent technical assistance before and after the loan has been granted.

Chapter 8

Bright Center Demonstration Partnership Project

North Coast Opportunities, Inc.

Ukiah, California

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

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Project Type: Two program tracks - job training and self-employment - are offered to women along with personal and family development and access to business loan funds

Project Title: Bright Center Demonstration Partnership Project

Model: Quasi-experimental Nonequivalent Comparison Group Design with Repeated Measures

Project Period: June 1989 to August 1991

I. Background

A. Introduction

Mendocino County is a geographically large (3,500 square miles), sparsely populated rural northern California county with a total population of approximately 80,000 people. The county is characterized by a chronically depressed local economy, a highly competitive labor market, a lack of options for acquiring advanced education or vocational training, **and** a dearth of support services and resources to assist the area's large population of poor and unemployed people.

In 1988, a year prior to initiation of the grant, incomes for 23.8 percent of the households in the county fell below the official poverty level. Approximately 75 percent of those households were headed by women. In fact, 45 percent of all households in the county headed by women were living in poverty.

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

B. Project Purpose

The purpose of the Bright Center Demonstration Partnership Project (DPP) is to demonstrate the effectiveness of a “full-service” approach to job creation and job placement in assisting low-income women in becoming more economically self-sufficient.

C. Project Description and Objectives

The Bright Center Demonstration Partnership Project offers a vocational training/Career Development “track” as well as a **self-employment/microenterprise** development “track.” Women may move from one track to the other as they become more clear about their goals and aptitudes. Both of these tracks include “life skills” and “personal development” training and support. The services provided through the project are divided into five major components:

- Making Choices. An introductory seminar in which women are introduced to program options and guided through a decision-making process related to career goals and choices.
- Personal and Family Development. Originally a 3-hour weekly workshop/support group designed to teach life and parenting skills, to address issues of addiction and **codependency**, and to support the personal development of project participants. A portion of this training was integrated into the self-employment training classes.
- Job Training. Participants are assisted in selecting and securing appropriate educational and training options, and supported in their participation in training programs. Program participants are encouraged to seek training that will lead to long-term economic self-sufficiency.
- Self-Employment Training. Through partnership with two other programs, project participants who are interested in starting small businesses are provided classroom training and technical assistance in business startup and management.
- Loan Guarantee Fund. Originally intended as a loan guarantee fund, this program component became a loan fund that provides direct loans for business startup to project participants who are unable to secure traditional financing.

Based on a projection of **50** low-income women participating in the program per year, the following objectives were established for the project:

- At least 75 percent of the participants in the Career Development Component will find jobs;

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

- At least 50 percent of the low-income participants in the Microenterprise Development component will start businesses; 25 percent of the Aid to Families with Dependent Children (APDC) participants will start businesses;
- Twelve months after finishing their training, 75 percent of the participants in the Career Development component will still be employed;
- Twelve months after finishing their training, 50 percent of the business startups will generate enough net income to allow their owners to leave the welfare system.

D. Partnerships

The original funding application indicated that services would be provided through two major partnerships and two cooperative relationships. North Coast **Opportunities'** two major partners were to be the local Regional Occupation Program, which would provide classroom training in microenterprise development, and the Ukiah Community Center, which would provide technical assistance in business startup and management and would be a partner in the administration of the loan fund. During the project's initial startup period, the Regional Occupation Program was replaced by Mendocino College as the provider of classroom training in microenterprise development. The cooperative relationships with the Mendocino County Youth Project (for parenting skills instruction) and the Mendocino County Department of Public Health, Division of Alcohol and **Other** Drug Programs for substance abuse counseling and clinical consultation were modified.

E. Target Population

The Bright Center Demonstration Partnership Program targets low-income women over the age of 18 who reside in Mendocino County. The target group was originally described as women who ranged in age from 18 to 50 and had an average of 2.3 children each. The project planned to serve 50 low-income women per year who will have incomes of up to 125 percent of the Department of Health and Human Services poverty guidelines. It was anticipated that 15 percent of the participants would be ethnic minorities. Participants would include AFDC recipients, Job Training Partnership Act (JTPA)-eligible and Greater Avenues for Independence (GAIN) eligible trainees and other low-income women.

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

II. Design and Study Methodology

A. Hypothesis and Study Objectives

The hypothesis used to direct the evaluation was that among low-income women, if traditional job skills/job readiness training is combined with a) life skills training and comprehensive support services for program participants and their families, b) opportunities for self-employment training and access to capital, and c) continuous support after securing employment or launching a business, program participants are more likely to achieve and maintain economic self-sufficiency than are low-income women who receive only job skills and/or job readiness training and who receive no continuous support during the first year after training.

The final evaluation plan also included project objectives that compare the success of project participants in attaining economic self-sufficiency with the success of the members of the comparison group. These objectives are as follows:

- At least as many participants in the career development component of the project (including transfers from the microenterprise component) will find jobs or start small businesses as from the comparison group.
- Thirteen weeks after completion of training, 10 percent more of the program participants will still be employed (or in business) than those in the comparison group.
- One year after completion of training, 25 percent more of the program participants will still be employed (or in business) than those in the comparison group.
- Of those not employed or in business 13 weeks and 1 year after completion of training, 50 percent more of the program participants will be enrolled in a continuing course of higher education than those in the comparison group.

B. Comparison Group

The evaluation design for the Bright Center project included a comparison group. The comparison group was made up of low-income women who were participants in the Mendocino County JTPA-sponsored employment training program during the 2-year period that the Bright Center project was operating. The County JTPA program differs from the Bright Center program in that the supplemental services and opportunities that are provided through the Bright Center project are not provided through the JTPA program. These supplemental services, as described in the hypothesis, are life skills training and

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

comprehensive support services for program participants and their families, opportunities for self-employment training and access to capital, and continuous support after securing employment or launching a business.

JTPA program participants were a suitable comparison group as they were low income, faced the same economic conditions and job market as the Bright Center project participants, and were seeking assistance in securing employment. Based upon the size of the local JTPA program, it was assumed that there would be a large **JTPA** participant group to choose from, and that the matching of comparison group members with Bright Center participants would be possible. However, over the course of the 2-year project, several problems were detected in attempting to make comparisons between the two groups. These problems included the following:

- The Bright Center program accepted any low-income woman who requested assistance, while the Mendocino County JTPA program followed rigorous eligibility requirements and screening processes;
- Data and information were available only on the JTPA participants who were accepted for service, and only at the time of program completion. No data were available for those who were turned away, or for those who were enrolled in the program but had not exited by August 31, 1991.
- Only 86 adult women completed the JTPA program during the **2-year** project period. A total of 217 women participated in the Bright Center program, and 146 completed or dropped out of the program. The small number of women in the comparison group made the selection of a matched sample from the comparison group impossible.

The evaluation provides some basic comparisons between the 86 JTPA program participants and the 146 Bright Center participants who “exited” their respective programs.

III. Project Findings

A. Participant and Comparison Group Characteristics

Originally, North Coast Opportunities projected serving a total of 50 people per year in the Bright Center Demonstration Project. Service records indicate that over the **2-year** and 2-month period, a total of 217 women were actually served. **This** number represents an accomplishment of 434 percent of the original objective for clients served. Of the 217 women served, 146 completed or “exited” the project as of July 31, 1991. For the same time period, 86 women exited the JTPA program. Women needed to enter and

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

complete either the Bright Center project or the **JTPA** program between May 1989 and July 1991 to be included in the analysis. Characteristics of the women served by Bright Center and JTPA are described below.

Age:

The ages of the women served by the Bright Center ranged from 15 to 63 years. At exit, 71 percent of those served whose ages were known, were between the ages of 31 and 50; 209 percent were between 19 and 30. The comparison group participants tended to be a little younger. Fifty percent of the JTPA group were between the ages of 31 and 50, while 43 percent were between 19 and 30.

The Bright Center staff believe that older women who have not been in the workforce for a long time, or who have been struggling longer with employment issues, are attracted to the comprehensive support that the Bright Center offers.

Family Status:

Since both of the programs serve low-income individuals, and those individuals are frequently single parents, it is not surprising that more than half (55 percent) of each exited group were single heads of household.

Education Completed:

The levels of educational attainment were slightly higher among Bright Center program participants. The percent of participants at exit whose educational status was known who did not have high school diplomas was 15 percent for Bright Center participants compared to 16 percent for the JTPA group. However, a larger percentage of the Bright Center clients (66 percent) had some education beyond high school, compared to 28 percent of the JTPA group. The higher levels of education parallel the older ages of the Bright Center group.

Income Levels and Source of Income at Entry:

Of the 146 women who exited the Bright Center program, 38 percent stated that they were recipients of AFDC or General Relief upon entering the program. Eleven percent of project participants did not state their source of income, and the number of these women who were receiving public assistance is not known. Thirty-nine (45 percent) of the JTPA group were recipients of AFDC or General Relief at entry. Forty of the JTPA group (47 percent) were not receiving public assistance or their source of income was **unknown**.

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

Barriers to Successful Employment:

At entry into the Bright Center program, enrollees were asked to indicate what they perceived to be their major barriers to achieving and maintaining employment. Clients were given a list of 21 items from which to choose as many items as were applicable. During the **2-year project period**, 52 percent of the participants indicated that a lack of adequate training or vocational skills was a major barrier, 27 percent indicated a lack of child care, and 35 percent noted a lack of self-esteem. Other frequently checked barriers were lack of transportation, lack of work experience, and lack of a stable living situation.

While this information is indicative of the client-perceived barriers to employment, it is only part of the picture. Staff point out that participants were more inclined to check the more obvious physical barriers than those related to their emotional well-being. Bright Center staff indicated that once the women started participating in groups and developing trusting relationships with the staff, they began to talk about issues such as alcohol and other drug abuse, sexual abuse (ranging from childhood molestation to current domestic violence and sexual abuse), family/mate problems, and codependency issues.

B. Partnerships

Ukiah Community Center's WEST Company

The partnership between the Bright Center and the WEST Company included collaboration at the service delivery level for clients who were seeking self-employment as well as collaboration in the development and operation of the loan fund. There was an integrated "case-management" system for all of the women who were clients of both programs (i.e., the low-income women who were training for self-employment; and WEST Company clients who are not low income.) Bright Center and WEST Company co-taught classes and co-led workshops and classes.

Interviews with staff from both of these programs indicated that this partnership worked well. The two programs are housed in the same building and share many of the facilities. There is a clear sense of **teamship** among the staff. The experience and areas of expertise of the WEST Company staff are complimentary to those of the Bright Center staff. There appears to be no duplication of services - it is clear which services are provided by which entity.

Overall, the partnership of these two entities appeared to be extremely valuable with each entity bringing important services and expertise into the program. In terms of access to funds and the potential for continuing services, the combination of a Community Action Agency with access to Federal and State programs and funding, with a local entity whose funding came primarily from private sources (and was therefore able to generate additional private sector support) appeared to be a fruitful alliance. The two

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

organizations pursued and secured additional funding based upon the public-private partnership they created. New funding included a major grant from the James Irvine Foundation, funding from the U.S. Small Business Administration, and funding from the Carl Perkins Act and the Rockefeller Family Fund.

WEST Company Loan Fund

The Bright Center/WEST Company partnership has successfully established the WEST Company Loan Fund. Originally conceived and presented to the Office of Community Services (OCS) as a loan guarantee fund, the fund was restructured into a direct loan fund. The fund provides two types of loans: very small loans to members of the "loan circles," and slightly larger loans to clients who developed or were expanding their businesses through technical assistance and consulting provided by the WEST Company.

The loan fund is managed by a loan fund board that includes three bankers, a past client, a Ukiah Community Center (UCC) Board member, and the Bright Center Director. Although the original grant budget included a \$10,000 contribution to the loan fund, these funds were moved from the loan fund into child care services in 1990 as a result of Federal policies regarding interest rates. With a policy that loans would be made at the market rate, the loan fund was initially developed with two \$10,000 contributions: one from North Coast Opportunities and one from the WEST Company's Irvine Foundation grant. Since then, the Bank of America made a \$10,000 contribution. These funds, plus smaller contributions and interest earned have brought the loan fund up to \$38,000. The Bank of America, the Savings Bank of Mendocino County, and the **Mendo/Lake** Credit Union all provide loan officers who sit on the loan fund board.

Not until the end of the project period were any Bright Center clients ready for loans. Through the **evaluation** phase, seven loans were made through the loan circle system. **The** loans were for the following amounts: one for \$500, one for \$600, one for \$850, one for \$1,000, and three for \$1,500.

Three of the loan recipients were **AFDC** recipients, the other four were very low-income, though not on AFDC. In addition to loans made through the loan circle process, one individual loan was made to a Bright Center client for \$3,000. The WEST Company/Bright Center loan fund board projects that during the coming year, approximately 10 more loans of \$500 to \$1,000 will be made through the loan circle system, and one or two larger loans will be made to individual WEST Company clients.

Bright Center staff report that there was a reluctance among program participants to borrow money. Even though 48 Bright Center clients (28 who exited the program) started or stabilized their businesses, only eight borrowed money. Staff indicated that the reluctance is due, in part, to the fear of taking financial risks, which is not surprising given the unstable economic background of the client population.

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

Partnership with Mendocino College

During the startup of the project, a shift was made from the originally proposed partnership with the Mendocino County Office of Education's Regional Occupation Center (provider of adult vocational training) to an alliance with Mendocino College. The shift was made because the college appeared to be offering more flexibility in terms of course content, opportunities for Bright Center and WEST Company participation in the hiring of the instructor, location of the class at the Bright Center/WEST Company facilities, and less of an **expectation** that the class would be fully enrolled at the onset.

The partnership with Mendocino College is a three-way partnership between the Bright Center, the WEST Company, and the College. WEST Company staff participated in the development of the curriculum for the course entitled, "Women as Entrepreneurs." This is a first-time venture for Mendocino College into the specific preparation of women for self-employment.

Although the administrative staff of all three partners feel that the partnership with Mendocino College is strong, there were philosophical differences at the staff/instructor level that were frustrating for the Bright Center staff. Initially, the class was taught by a teacher hired by the college, and enjoyed a healthy enrollment. However, the original college curriculum requirements were not as flexible as needed to deal with the personal and life management issues that began to arise among the class participants. **Further** complicating the situation was the college teacher's feeling of discomfort in dealing with those issues. In consideration of these issues, changes and modifications were made in the class over the four semesters it was taught. **The** most significant shift has been in the class curriculum, which was originally 80-90 percent business skills training and 10-20 percent personal development training. In the revised curriculum, personal development training is taught 50 percent of the time.

Because of the difficulty the original college teacher had with the special needs and concerns of **the** class participants, the college, in cooperation with the other partners, agreed to hire the WEST Company Business Consultant to **coteach** the class. Bright Center staff and other community members **with** expertise are brought in to teach personal development. The WEST Company Business consultant coteaches the class with another college teacher whose expertise is in women's personal development issues.

The college administration was very flexible in working with the Bright Center and the WEST Company in shaping the class to suit the needs of low-income women. At its inception, the college class was designed to be a **transferrable** course to a **4-year** college. Many of the students who enrolled were not interested in starting a business, but in receiving college credit, making it difficult for the project to reach the target population. Therefore, the partners decided to offer the college class with **nontransferrable** credit.

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

Overall, the three-way partnership between the Bright Center, the WEST Company, and the college was successful in meeting the changing needs of the project, the project participants, and the individual agencies involved in the partnership as the program evolved.

Like the City of Ukiah, the Fort Bragg Chamber of Commerce, and the State Department of Commerce, the WEST Company/Bright Center partnership is viewed by Mendocino College as a lead player in local economic development. In 1990, Mendocino College submitted an application for **funds** to the State Community College Chancellor's Office to expand the role of Mendocino College **in** the partnership, and to expand project activities. Although this proposal was not funded, Mendocino College administration has indicated that they would like to submit a revised proposal again this year.

Lesser Partners

Originally, the project design included two other cooperative relationships. The other two were with the Mendocino County Department of Public Health Division of Alcohol and Other Drug Programs (ADP) and the Mendocino County Youth Project (MCYP). Because of funding cutbacks, which adversely affected both agencies, levels of services provided by those agencies were reduced from those described in the funding proposal. However, in an effort to replace the lost services, the Bright Center DPP developed a strong volunteer program through which local therapists, counselors, trainers, and consultants provided services at no cost to the project.

The workshops, which the ADP and Bright Center developed to assist and educate program participants with problems such as addictive dysfunctional family patterns and codependency, were facilitated by project staff with guest speakers/trainers drawn **from** the local therapeutic community. The Bright Center borrows films and other resources from ADP and refers clients with alcohol and other drug problems to ADP for counseling, when appropriate. Parenting classes were conducted by private providers and, most recently, by the County Department of Social Services Children's Protective Services Division. The MCYP provides counseling to program participants' children and consulting services to staff, as needed.

c. Participant and Comparison Group Outcomes

For the Bright Center program participants, outcome information is available related to participant status at exit, 13 weeks after exit, and 1 year after exit. For the **JTPA** group, information is available for status at exit and at 13 weeks after exit.

Of the 146 Bright Center clients who exited the Bright Center programs by July 31, 1991, 77 were enrolled in the program in the Career Development track, and 69 were enrolled in the Microenterprise Development track.

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

As shown in Table 1, group sizes for follow-up information decreased over time. Of the 86 JTPA participants, information was collected from only 44 individuals at the 13-week followup. For Bright Center participants, information was available for 112 program participants at exit, 107 at 13-week followup, and 66 at the 1-year followup. The JTPA program does not provide 1-year followup or collection.

TABLE 1
Participant and Comparison Group Sizes

Followup Category	Bright Center	BC %	JTPA	JTPA %
Completed Program (both tracks)	112		86	
Career Development Track	62		86	
Employed	53	85	64	74
Employed at least 20 hours/week	43	69	43	50
Not employed	9	15	22	26
Microenterprise Track	50			
Employed (Not in business)	13	26		
In-Business*	28	56		
Not employed (developing business)	9	18		
13-Week Followup	107		44	
Career training	59		44	
Employed	52	88	28	64
Employed at least 20 hours/week	44	75	24	55
Not employed	7	12	16	36
(Table continued on page 8-12)				

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

Followup Category	Bright Center	BC%	JTPA	JTPA%
Microenterprise	48		N/A	
Employed	14	29	N/A	
In-Business*	28	58	N/A	
Not employed (developing business)	6	13	N/A	
1-Year Follow-Up	66			
Career Training Track	41		N/A	
Employed	36	88	N/A	
Employed at least 20 hrs/wk	31	76	N/A	
Not employed	5	12	N/A	
Microenterprise Track	25		N/A	
Employed (Not in business)	8	32	NIA	
In-business *	14	56	N/A	
Not employed (developing business)	3	12	NIA	

* Includes those working on the side.

Outcome information collected for Bright Center clients included employment status, business status (if applicable), rate of pay if employed, type of job, and training accomplished. Other, more subjective information was collected through interviews with a small random sample of Bright Center clients. For the JTPA group, comparative information was collected on employment status and rate of pay.

As presented in Table 2, 85 to 88 percent of Bright Center participants in the job training/career development project component were employed at least 20 hours per week at exit through the 1-year follow-up period. Project objectives estimated that only 75 percent of participants would achieve this objective. For those contacted at the **13-week** and 1-year follow-up period, 88 percent of the participants contacted were employed 20 hours a week or more.

TABLE 2
Bright Center Participant Outcomes Compared to Project Objectives
Job Training/Career Development Participants

Objective	Status at Exit (N = 62)	Status at 13 Weeks (N = 59)	Status at 1 Year (N = 41)
At least 75 percent of the participants in the job training/Career Development component will find jobs	<ul style="list-style-type: none"> • Of 62 clients, 85 percent were employed • 81 percent of those employed were employed at least 20 hours per week 	<ul style="list-style-type: none"> • Of 59 clients, 88 percent were employed • Of those employed, 85 percent were employed at least 20 hours per week 	Not applicable
One year after finishing their training, 75 percent of the participants in the job training component will still be employed	Not applicable	Not applicable	<ul style="list-style-type: none"> • Of 41 clients, 88 percent were employed • Of those employed, 86 percent were employed at least 20 hours per week

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

Table 3 indicates that 56 to 58 percent of Bright Center participants in the Self-Employment/Microenterprise Development project component were in business at exit through the 1-year follow-up period. Project objectives estimated that only 50 percent of participants would achieve this objective.

The businesses of the women who are classified as having started or stabilized businesses are in a variety of stages. To date, data are not available as to the amount of income that these businesses are producing. What is known is that most of the businesses are still in their “infancy,” and that only two women have left the welfare system as a result of the income their businesses are producing.

From the data in Table 4, it can be seen that the **first** two outcome objectives for Bright Center participants, compared to **JTPA** participants, were met. What is particularly striking about the data for both groups is the difference in “not employed” rates. For example, at program exit, only 16 percent of Bright Center participants were not employed (half were working on a business plan) while 26 percent of **JTPA** participants were not employed. At the **13-week** follow-up point, Bright Center participants who were not employed decreased (to a total of 13 percent, including 6 percent who were not employed but were working on developing a business) while the **JTPA** participant rate increased to 36 percent. Over 80 percent of Bright Center project participants were employed at program exit and 13 weeks. In fact the rate increased to 88 percent (from 84 percent) at the **13-week** mark. In comparison, 74 percent of **JTPA** participants were employed at exit and only 64 percent of those contacted at the 13-week point were employed.

Achievement of the 1-year objective could not be determined as 1-year data were not available for the comparison group. However, taking the **13-week** indicators for the comparison group as an indicator, it appears that the employment rates for Bright Center clients continue to increase over time, and employment rates for the **JTPA** group clients decrease.

D. Other Participant and Comparison Group Outcomes

Employment Status:

While there are no projections regarding the employment rate among Bright Center or comparison group participants, it is interesting to note that the rate of unemployment among Bright Center clients dropped from the level at exit (16 percent) to the level at 13 weeks (13 percent), and dropped again (12 percent) at the 1-year point. In the comparison group, the rate of unemployment increased from 26 percent at exit to 36 percent at 13 weeks after exit.

TABLE 3
Bright Center Participant Outcomes Compared to Project Objectives
Self-Employment/Microenterprise Development Participants

OBJECTIVE	STATUS AT EXIT N = 50	STATUS AT 13 WEEKS N = 48	STATUS AT 1 YEAR N = 25
At least 50 percent of the participants in the self-employment/ training/Microenterprise Development component will start businesses	<ul style="list-style-type: none"> • Of 50 clients, 56 percent were in business* at exit (includes those who also work on the side) • An additional 18 percent were working ou developing a business • 26 percent who started in the self-employment component abandoned their business idea and became employed 	<ul style="list-style-type: none"> • Of 48 clients, 58 percent were in business* at 13 weeks (includes those who also work on the side) • An additional 13 percent were working ou developing a business • 29 percent who started in the self-employment component abandoned their business idea and became employed 	Not applicable
One year after finishing their training, 50 percent of the business startups will generate enough net income to allow their owners to leave the welfare system	Not applicable	Not applicable	<ul style="list-style-type: none"> • Of 25 clients, 56 percent were in business* at 1-year (includes those who also work on the side) • An additional 12 percent were working on developing a business • 32 percent who started in the self-employment component abandoned their business i&a and became employed

* Includes **participants** who started of stabilized a business.

TABLE 4
Bright Center Participant Outcomes Compared to JTPA Participant Outcomes
Job Training/ Career Development and Self-Employment/Microenterprise Program Components

Objective	Bright Center Participants	JTPA Participants
At least as many participants in the job training/ career development component of the project (including transfers from self-employment/Micro- enterprise Development) will find jobs or start small businesses as the comparison (JTPA) group	N= 112 <ul style="list-style-type: none"> • Of 112 participants at exit, 59 percent were employed and not pursuing a business • 8 percent were not employed • 25 percent were in business (including working on the side) • 8 percent were not employed and working on developing a business 	N = 86 <ul style="list-style-type: none"> • Of 86 JTPA participants at exit, 74 percent were employed • 26 percent were not employed
Thiin weeks after completion of training, 10 percent more Bright Center participants will still be employed (or in business) than those in the comparison group	N = 107 <ul style="list-style-type: none"> • Of 107 participants contacted at 13-week followup, 62 percent were employed and not pursuing a business • 7 percent were not employed • 26 percent were in business (including working on the side) • 6 percent were not employed and working on developing a business 	N = 44 <ul style="list-style-type: none"> • Of 44 participants contacted at 13-week followup, 64 percent were employed • 36 percent were not employed
One year after completion of training, 25 percent more Bright Center participants will still be employed or in business than those in the comparison group	N = 66 <ul style="list-style-type: none"> • Of 66 participants at 1-year follow-up, 67 percent were employed and not pursuing a business • 8 percent were not employed • 21 percent were in business (including working on the side) • 4 percent were not employed and working on developing a business 	Not available

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

A review of the data related to the number of hours per week that Bright Center participants were employed indicates that the majority of those who were employed and not in business (81 percent) were employed at least 20 hours per week at exit, and that the percent increased to 86 percent by one year after exit. At the same time, the portion of Bright Center participants who were employed less than 20 hours per week, or were employed part-time and in training, went down.

Rate of Pay:

The rates of pay achieved by both the Bright Center participants and the comparison group participants are in line with the wages in this economically depressed area

Among Bright Center Career Development program participants, the percent of persons with lower rates of pay (\$4.25 to \$6.00 per hour) dropped over time from 36 percent at exit to 15 percent at the 1-year point. The higher rates (\$6.01 to over \$10.00 per hour) increased from 44 percent at exit to 66 percent after 1 year. The rates of pay for the Comparison Group were generally lower than those of the Bright Center clients. In the Comparison Group, 23 percent were in the \$6.00 per hour and above category, compared to 44 percent of the Bright Center clients. At 13 weeks, 32 percent of the Comparison Group were in this pay range, compared to 47 percent of the Bright Center clients.

Although the evaluation did not include an analysis of how many Bright Center participants or comparison group participants have been able to become totally economically self-sufficient as a result of the employment they achieved, a view of the wage rates achieved indicates that a majority of Bright Center participants are probably moving toward self-sufficiency.

Type of Job:

Both the Bright Center and the comparison group found employment in a wide variety of types of jobs. The types of jobs employing participants reflect the training preparation and job availability that are found in the local community. It is interesting to note that the largest number of JTPA participants (30 percent of those employed) were employed in clerical/office jobs. In contrast, Bright Center participants were employed in health services and sales/retail positions at exit (13 percent of those employed, for each type of job).

Training Accomplished:

The Bright Center includes the accomplishment of training that has the potential for leading to sustained employment (i.e., a career) as a positive outcome. The long-term approach to training, including encouraging low-income women to go to college, often results in women leaving the Bright Center while they are still involved in a long-term training program.

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

The data related to training accomplished at exit indicates that 74 percent of the Career Development program participants whose training accomplishments were known (57), had completed some college, and another 14 percent had completed vocational courses. By 1 year after exit (38 participants), 71 percent of the participants had completed some college work, and 16 percent had completed vocational courses. In contrast, all **JTPA** participants had completed only vocational training at exit.

Although the data are for the completion of some college courses, Bright Center staff indicate that about one-half of these women are working on Associate degrees with the intent of transferring to a **4-year** program after that.

Bright Center staff indicate that the data related to the **number** of staff that had completed General Educational Development (GED) is inaccurate, because when “training accomplished” is entered into the data base, it is entered for the highest level of training accomplished which, for many women, means getting a GED before they go on to other training.

E. Conclusions

There is strong evidence that the Bright Center Career Development Program is a successful model for assisting very low-income women in achieving economic self-sufficiency.

The number of women who seek assistance from the Bright Center is steadily increasing, and the project was able to expand its services to meet the demand. More than twice as many women were served than projected, without having to compromise the level or type of service that was provided.

Although there has been some turnover in staff, the majority of the people who were working for the program in 1989 are still there, and there seems to be consistency in the project’s capacity to provide services. As the project has expanded, a satellite center has been opened in another geographic region of the county.

Interviews with the project’s partners and other service providers in the community revealed that the Bright Center has a strong reputation in the community, and that other service providers are pleased with the results when they refer clients to the program.

Bright Center staff report they began the project under a cloud of skepticism from the local Private Industry Council (**PIC**) and County **JTPA** program, but that the attitudes of these two groups changed, and they were recently awarded a contract by the PIC to provide employment training services to “hard- to-serve” populations. The original criticism was that the Bright Center’s long-term comprehensive approach to working with low-income women constituted “hand holding,” but the success participants experienced in becoming employed and staying employed has successfully countered that perception. Through its

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

partnership with the WEST Company, the Bright Center is also a participant in a new agreement with the **County** of Mendocino to provide services to County GAIN Program participants (California's version of the Job Opportunities and Basic Skills program).

The partnerships developed through the project are strong; all of the partners are pleased with the arrangements. Minor differences with Mendocino College were overcome. The Bright Center/WEST **Company/Mendocino** College partnership represented the first venture into local economic development by the college, and the Associate Dean of **Instruction** with whom staff are working reports it has been a worthwhile venture for the college, and that they look forward to other collaborative endeavors with their two partners.

The partnership with the WEST Company is particularly successful. The two entities work as a team, and conflicts appear to be nonexistent. The partnership appears to be a strong example of the benefits of collaboration between public and private entities. The WEST Company brings the involvement and support of the private sector to the program, while the Bright Center provides a connection to public sector service providers and funding entities. Over the 2.5 year partnership, the two entities became the primary advocates in the community for the support of economic development for low-income women. Their involvement in these issues landed them a contract with the City of Ukiah (the business center and county seat of government) as the City's economic development "arm" (the only City contractor that is involved in economic development activity).

An examination of the outcomes for Bright Center program participants indicate the Bright Center Career Development Program is a successful model for providing training and supportive services to low-income women to assist them in achieving economic self-sufficiency. Although the small number of JTPA program participants available for comparison to the Bright Center clients made a statistically sound comparison/analysis impossible, an overview of the outcome data supports this conclusion.

The Bright Center's long-term comprehensive approach to employment training/career preparation is intended to lead to long-term sustained employment and economic self-sufficiency. The expectation is that Bright Center "graduates" will stay employed and will not return to the welfare system. The participant outcome data so far indicates this approach is working. Although a number of differences in the way data were collected make a true comparison impossible, what is noteworthy here is that while the employment rates of Bright Center program participants after exit continued to climb, the rates of employment among **JTPA** program participants declined during the 13 weeks after exit.

The data related to training accomplished indicate that a large number of those who exited the Bright Center program completed some college courses. Bright Center staff indicate ~~that~~ many participants are continuing their college work with a goal of a 4-year degree. This, too, would indicate that long-term economic self-sufficiency is likely.

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

While on the surface wage rates appear to be low, these data must be viewed within the context of the local economy. Mendocino County is an economically depressed area, with very low wages and very few job opportunities. The wage rates are perhaps best illustrated by the salaries of the Bright Center DPP staff who make between \$9.00 and \$10.00 per hour (professional staff; clerical staff make much less). What is noteworthy here is the increase in the rates of pay among Bright Center participants after leaving the program. Examination of the data shows a steady flow of clients from the lower to higher pay ranges. Bright Center staff cite this information as evidence of movement toward economic self-sufficiency among Bright Center program participants.

Interviews with a sample of the women who participated in the Bright Center program indicated that the offered support groups were considered a major strength of the program. Since project participants came from backgrounds where they had not been employed or had held jobs with little long-term career potential, they were uncertain of obtaining and maintaining employment. They stated the support groups gave them the encouragement they needed to take personal risks they would not have taken without the groups. The groups comprised women (and some staff) who had similar life experiences. As a result, they found themselves in the unique position of supporting the growth of others while growing themselves.

Microenterprise Development

Like the Maine Job Start Venture Development Project and the Central Vermont Community Action Council project, data related to the participants in the Bright Center Microenterprise Development component indicate that 2 years is not long enough to evaluate the levels of self-sufficiency that low-income women will achieve through self-employment.

Bright Center staff define a "business start" as the process of taking a business idea to the stage at which the business is established and there are customers or clients, products being sold, or services provided. A business "stabilization" is defined as taking a business that is essentially a "hobby" to the same level (customers, clients, products, services, etc.). Although 48 Bright Center clients started or stabilized small businesses (28 of these have exited the program, 20 are still enrolled), there was little evidence of economic self-sufficiency as a result of business income through the end of the evaluation period. Most of the individuals who became economically self-sufficient worked another job on the side.

About one-quarter of the women who started in the Microenterprise Development track of the program shifted to the Career Development track, became employed, and abandoned their business ideas temporarily. Project staff and interviews with a sample of these women, indicate that for most, the training and business planning process demonstrated to them that their business concepts were infeasible. Others realized they were not in a position to be in business at this time in their life. For others, it was an issue of fear and a reticence to take a risk. None of this is viewed as failure by the Bright Center staff. Staff interviews, as well as interviews with a sample of the program participants, reveals a strong belief that many of the new businesses will succeed, and it is simply a matter of needing more time.

CHAPTER 8. BRIGHT CENTER DEMONSTRATION PARTNERSHIP PROJECT

Furthermore, Bright Center staff point to the strength of the program, which allows selection of either the Career Development track or the Microenterprise Development track, and that women can assess their situation and change goals without losing program support.

This perception is supported by the interviews with clients. They indicated that the flexibility offered by the program played a large part in their success. They were given the opportunity to participate in a wide range of training and educational services with support groups which allowed the women the opportunity to establish for themselves the path they would follow: vocational or business. For example, one woman who was interviewed stated that, as a result of the self-employment training classes, she found she was not ready to start a business so she transferred to the Career Development component. However, she stated that she still wanted to start her own business and would, in the future, feel comfortable going to Bright Center for assistance. Had there not been both program components, she would not have been able to obtain the information she needed to make an informed decision.

Bright Center and WEST Company staff indicate that most of the women in the Microenterprise Development track are enthusiastic and committed learners. Participants indicated the training and support they received was valuable. But both staff and clients indicate they are learning that it takes much longer for a low-income woman to develop business skills and then start and expand a business than they had originally anticipated.

Another unexpected outcome is the hesitancy of program participants to borrow money. Of the 48 women who started businesses, only seven borrowed money from the Loan Fund. Bright Center staff indicate that they did not anticipate there would be such a reticence to borrow money. In retrospect, however, it makes sense that there would be fear in taking financial risks in light of the women's history of financial instability.

The Bright Center experience related to the length of time that it takes to develop the business and the hesitation to borrow money are consistent with previously-funded microenterprise development projects under this demonstration program, e.g., the Maine and Vermont projects.

Section IV

CASE MANAGEMENT, JOB SKILLS,
AND PLACEMENT

Chapter 9

Project HOPE

(Head Start Opportunities for Parents Through Employment)

Columbus Metropolitan Area Community Action Organization

Columbus, Ohio

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

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Project Type: Case Management, Job Skills, and Placement

Project Title: Project HOPE (Head Start Opportunities for Parents through Employment)

Model: Quasi-Experimental Design, Randomized Equivalent Control Group, Survey

Project Period: October 1989 to April 1991

I. Background

A. Introduction

Project HOPE (Head Start Opportunities for Parents through Employment) was a program created and administered by the Columbus Metropolitan Area Community Action Organization (CMACAO) to provide intensive employment services to parents of children enrolled in local Head Start Centers. The primary goal of project HOPE was to improve and increase the employability of Head Start parents, thereby improving their self-sufficiency and family relationships. Specific objectives of the program were to provide parents with the opportunity to be placed in permanent, full-time employment; to receive job skills training; to receive on-the-job training; to participate in job apprenticeship programs; to prepare for the General Educational Development degree (GED); to enroll in a 2- or 4-year college; and/or to learn how to start their own businesses.

In order to achieve these ends, Project HOPE developed a collaborative approach to providing services. This approach was based on the assumption that in order for parents to be successful in their efforts to improve their employability, other potentially impeding family and personal needs had to be alleviated.

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

Therefore, important local and State service agencies and offices were identified and organized into a problem-solving network to assist Project HOPE participants. The following agencies agreed to assist participants of the project:

- The Private Industry Council (**PIC**)
- Columbus Area Chamber of Commerce
- Metropolitan Human Services Commission
- Franklin County Human Services Department

With the help of these agencies, the selected parents participated in a number of comprehensive assessments to determine both individual needs and appropriate interventions. After completion of the assessments, each parent participated in a (i-week preemployment enrichment course. The course was designed to help improve the participant's career planning and decision-making skills, and to provide an opportunity to gain an understanding of how personal values and beliefs affect overall employability.

Participants in Project HOPE were parents or guardians of children enrolled in one of **CMACAO's** Head Start programs. Parents had to be between the ages of 18 and 35 and eligible to receive services from the Private Industry Council (**PIC**). The goal was to select 150 Head **Start** parents who wanted to participate in the project.

Since Project HOPE was attempting to apply a new and unique approach to providing services, it was decided to use an experimental research design to evaluate the project. A randomized, two-group model was selected in order to measure whether the desired effects were achieved as a consequence of parental participation in the project.

The design called for each Project HOPE participant to be assigned to either the experimental group or the control group. To assure that these assignments were unbiased, a set of **numbers** was randomly selected and each number was randomly assigned the letter C or E (Control or Experimental). As each parent was admitted to Project HOPE, they were assigned a number based on the order in which they were selected into the project. This ensured that each parent's placement in either the experimental or control group was completely random and that each parent had an equal chance of being in either group.

Parents who were in the experimental group participated in the 6-week preemployment enrichment course and received individual counseling from the project HOPE staff. They also received direct services from the other agencies involved in the HOPE project. Parents assigned to the control group were interviewed by project HOPE staff and advised to seek resources or assistance from their Head Start Administrator. They were also provided with an explanation of **the** procedures that were used to assign them to the control group. They were assured that it was through no fault of their **own**. **They** were encouraged to seek help from other sources.

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

B. Profile of HOPE Participants

A total of 140 parents participated in Project HOPE. The following table provides a demographic profile of the project participants.

TABLE 1
Participant Demographics

<u>Demographic Characteristic</u>	<u>Total Participants</u>
Relationship to Child:	
Mother	79.3%
Father	17.6%
Grandmother	.7%
Sex	
Female	79.3%
Male	16.7%
Race	
African-American	72.5%
White	24.6%
Other	1.4%
Age	
Average	27
Ages (range)	18 to 35
Marital Status	
Married	28.2%
Single	45.8%
Divorced	24.7%
Children	
Average	2
Number of Children (range)	1 to 6
Eligible for PIC Assistance	94.4%
Receiving Child Support	
Yes	10.6%
No	85.9%
No Response	3.5%

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

TABLE 1 (Continued)
Participant Demographics

<u>Demographic Characteristic</u>	<u>Total Participants</u>
Average Monthly Income of Participants:	\$548.75
No Income	7.0%
Less than \$400.00 per month	31.3%
Less than \$600.00 per month	16.1%
Less than \$900.00 per month	14.0%
Over \$900.00 per month	26.0%
Housing Status	
Own	.7%
Rent	74.0%
Neither (living with someone)	17.6%
Average Number of Places Lived in Over the Past 5 Years	2
Employment Status (at time of intake)	
Employed	21.1%
Unemployed	75.4%
School	2.1%
Seeking Employment (at time of intake)	
Yes	38.7%
No	42.3%
No Response	19.0%
Average Number of Jobs Over the Past 5 years	2
Number of Jobs (range)	0 to 9
Level of Educational Attainment	
High School	
Diploma	65.5%
GED	6.3%
College Experience	
Some Experience, No Degree	33.1%
College Degree	4.9%
Other Experience	
Some Trade School	14.1%
Other Training	35.2%

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

TABLE 1 (Continued)
Participant Demographics

<u>Demographic Characteristic</u>	<u>Total Participants</u>
Transportation	
Owns drivers license	70.4%
owns car	53.5%
Participants with a Handicap	4.9%
Participants with Health Needs	4.2%
Participants with Personal Needs	67.6%

C. Profile of Participants By Group

Since comparisons were to be made between the two groups (experimental and control), it was necessary to be reasonably sure that the two groups did not differ significantly on key attributes. The use of random assignment was to insure comparability of the two groups. Nevertheless, in order to validly credit any change in the participant's behavior or employment situation to the Project HOPE, we wanted to be sure that parents in each group were equally matched on certain key variables (e.g. age, sex, race, educational and/or employment experience, etc.). Table 2 provides a comparison of the participants who were randomly assigned to the experimental and control groups.

TABLE 2
Group Demographics

<u>Demographic Characteristics</u>	<u>Experimental Group</u>	<u>Control Group</u>
Number of participants	73	67
Age	27.4	28.0
Race		
African-Americans	72.6%	74.6%
White	26.0%	23.9%
Other	1.4%	1.5%
Sex		
Male	13.7%	22.4%
Female	86.3%	77.6%

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

TABLE 2 (Continued)
Group Demographics

Demographic Characteristics	Experimental Group	Control Group
Marital Status		
Single	47.9%	44.8%
Married	27.4%	29.9%
Divorced	24.6%	25.3%
Monthly Income	\$532.20	\$550.80
Public Assistance		
Yes	15.3%	76.1%
No	24.1%	23.9%
Relationship to Child:		
Mother	83.6%	76.1%
Father	15.1%	20.9%
Other	1.3%	3.0%
Employment Status		
Employed	16.4%	26.9%
Unemployed	80.8%	71.6%
Seeking Employment	44.1%	55.9%
Education		
Average 11th-12th grade	69.1%	78.0%
High School Diploma	61.6%	71.6%
GED	6.8%	6.0%
College Degree	5.6%	4.8%
Trade School	13.7%	14.9%
Owns Car	49.3%	59.7%
Handicapped Participants	5.5%	4.5%
Participants with Health Needs	5.5%	3.0%

A comparative analysis of the two groups (experimental and control) revealed no significant differences across key variables. Therefore, we can be fairly sure that any difference in the participant's behaviors and/or situations are not a direct result of one group having more or less of one attribute than the other group.

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

II. Formative Evaluation

A. Introduction

A formative evaluation of Project HOPE was conducted at the midpoint of its operation. The purpose of this evaluation was to provide the staff with information on the relative effectiveness of the project to that point. Constructive feedback was to be utilized to make appropriate changes in the project.

Project participants in both groups (experimental and control) received a copy of a questionnaire designed to assess whether there had been any significant changes in their status or attitudes, since their initial involvement with Project HOPE. Specific components of the questionnaire dealt with the participant's awareness of career planning; the importance of education and training to success; the relevance of utilizing different community resources; and the benefits of improved skills to overall employability.

B. Data Collection

A total of 106 **questionnaires**, along with a cover letter explaining the purpose of the evaluation, were mailed to the participants (experimental and control). In an effort to assure a high rate of cooperation in the survey, members of the HOPE project staff made personal telephone calls to all participating parents to inform them of the coming questionnaire and to request their support in the completion of the survey.

A total of 22 questionnaires were returned to the Evaluators in the enclosed, **preaddressed** and stamped return envelopes. To **improve** on the initial low rate of return, personal telephone interviews were conducted with those parents who had not responded to the mail survey. As a result of these personal telephone interviews, the overall response rate rose to 40.0 percent.

Of the 42 respondents, 19 (45.2%) were in the experimental group and 23 (54.8%) were in the control group. A review of the data in Table 3 supports the earlier finding that the **two** sample groups did not differ significantly.

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

TABLE 3
Survey Respondents By Group

Variables	Experimental Group	Control Group
Race		
Black	41.9%	58.1%
White	54.5%	45.5%
Sex		
Male	50.0%	50.0%
Female	44.1%	55.9%
Marital Status		
Married	36.8%	34.8%
Single	63.1%	65.2%
Living Arrangements		
Live Alone	61.1%	52.4%
Live with Spouse	33.4%	28.4%

Since the primary focus of the survey was a comparison of the two groups, the following evaluation questions were investigated:

- (1) How do members of the experimental group compare with members of the control group in terms of current employment or enrollment in a training/educational program?
- (2) How do members of the experimental group compare with members of the control group in terms of progress toward their employment or educational goals?
- (3) How do members of the experimental group compare with members of the control group in terms of opportunities to receive information relating to their employment or educational goals?
- (4) How do members of the experimental group compare with members of the control group in regard to changes in their family and/or personal relationships over the past year?
- (5) How do members of the experimental group who have an interest in owning their own business compare to members of the control group having the same interest?

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

C. Findings

Table 4 provides data pertinent to Question 1. While a slightly higher (non-significant) percentage of control group members were employed, a significantly larger percentage of experimental group members were involved in educational and training activities that had the potential for increasing long term employment opportunities. In addition, the unemployment rate of parents in the experimental group was one-third of that in the control group.

TABLE 4
Current Employment Status

<u>Group</u>	<u>Employed (full-time)</u>	<u>Unemmnloved</u>	<u>Attending an Educational Program</u>	<u>In training or waiting to start a training program</u>
Experimental	37.0%	10.5%	32.0%	20.5%
Control	45.5%	31.8%	9.1%	4.5%

Question 2 probed how well participants felt they had progressed toward achieving their dream job during the past year. There was only a slight difference between the number of participants in the experimental group and the control group who felt that they already had their dream jobs (5.3 percent and 8.9 percent, respectively). There was also little difference across the two groups regarding who felt that their current job would lead them to their dream job (15.8 percent and 13.0 percent, respectively). However, there was a significant difference in the proportion of experimental and control group members who felt that their current activities would lead them toward their dream job. A total of 52.6 percent of the members of the experimental group indicated that they felt confident that their training and/or educational program would help them get their dream job. Only 13.0 percent of those members of the control group felt that their current activities would help them achieve that dream job. At the time of the survey, over 21 percent of the parents in the control group reported that they did not have a dream job in mind. No member of the experimental group reported not having a dream job.

It is apparent from Table 5 that members of the experimental group tended to rate their efforts over the previous year to move toward, get, and/or keep their dream job as more successful than members of the control group.

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

TABLE 5
Ratings of Progress
Over the Past 12 Months

<u>Group</u>	<u>Very Good to Good</u>	<u>Not Good Enough to Fair</u>	<u>Not Good At All</u>
Experimental	63.2%	26.3%	10.5%
Control	34.7%	21.7%	43.5%

In order to probe evaluation Question 3, the respondents were asked to respond to a series of items pertaining to employment and career experiences over the past 12 months. One particular area of inquiry was whether members of the control group had had an opportunity to obtain information or advice concerning their career needs. A slight difference in the likelihood of having had contact with a job **counselor** was recorded. Sixty-one percent of the parents in the experimental group had talked to a career counselor during the previous 6 months compared to only 44 percent in the control group. A somewhat larger disparity emerged between the two groups in regard to the proportion of parents who reported having talked to a **counselor** at all. Thirty percent of the members of the control group reported that they had not had such an opportunity in this comparison to 16.7 percent of the members in the experimental group.

It should be noted that responses to the question might be invalid. Respondents in the control group may have perceived their introductory meeting with the HOPE intake person as a meeting with a job or career counselor. Evidence for this hypothesis appears in the responses of members of the control group to the question, "How helpful was your talk with your counselor?" Table 6 presents the responses to this question.

TABLE 6
Helpfulness of Contacts With Job Counselors

<u>Group</u>	<u>Extremely Helpful</u>	<u>Very Helpful</u>	<u>Helpful</u>	<u>Somewhat Helpful</u>	<u>Not Helpful</u>
Experimental	18.8%	37.5%	25.0%	12.5%	6.3%
Control	0.0%	0.0%	29.4%	29.4%	41.2%

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

Table 6 clearly indicates that parents in the experimental group found their discussions with the job/career counselor to be significantly more helpful than did members of the control group. It would seem that once control group members were notified that they would not have access to the resources of Project HOPE, they were more likely to rate the initial assessment meeting as “Not Too Helpful.” Nevertheless, the fact that a significant proportion of those in the experimental group found their discussions to be helpful is support for the HOPE experience.

In order to understand the impact of the project on motivation and employability, the parents in both groups were asked about their participation in specific job or career exploration activities over the past 12 months. Initially it was hypothesized that members of the experimental group would engage in career exploration activities much more frequently than members of the control group. However, as revealed by Table 7, this hypothesis was not supported. For all but one activity, the amount of participation was similar for both groups. **The** one activity that the groups differed on statistically in their responses was writing down their likes and dislikes of certain jobs. This activity was one that members of the experimental group were encouraged to do in the **6-week** preemployment phase of Project HOPE.

TABLE 7
Participation in Career Exploration Activities

<u>Activities</u>	<u>Experimental Group</u>	<u>Control Group</u>
Talked with someone about completing or getting more education	84.2%	63.6%
Redesigned resume for a specific job	22.2%	18.2%
Wrote down likes and dislikes about certain jobs	50.0%	22.7%
Gave thought to how my personality or attitude and values affect decisions about getting and keeping certain jobs	77.8%	68.2%

Members of both groups were asked whether they had had the opportunity to participate in any kind of class or workshop dealing with jobs. Forty-eight percent of those in the control group indicated they had not. Furthermore, when these same respondents were asked - “Do they think having this opportunity would have been helpful to you?”, 73 percent indicated that they thought it would have been.

In order to explore evaluation Question 4, a number of questions were posed to the participants concerning the impact, if any, of their involvement in project HOPE on their personal or family life as opposed to employment or training. **The** respondents were asked to “agree” or “disagree” with whether certain specific changes had taken place in their life since the time that they were interviewed by Project HOPE staff. It was hypothesized that there would be a significant difference between the responses of the experimental group and the control group. However, the data indicated only a slight difference

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

(nonsignificant) between the two groups. It is not clear why the responses were so similar, but two potential explanations are possible: the question was misleading, or the motivation to pursue employment opportunities was not diminished as a result of being placed in the control group. The initial project assessment interview may also have had a positive impact on some of the parents in the control group. Possible evidence for this explanation is to be found in the responses to two of the questions concerning impact. While we did not find any significant difference between the responses of **the** two groups, we did discover an interesting within-group result. In response to the question, "Since the time you were interviewed by someone **from** Project HOPE, do you feel better about your chances of reaching some of your career goals and dreams?", sixty-three percent of those in the experimental group indicated that they "very much agreed" and another 21.1 percent indicated that they "agreed a little" with the statement. **This** represented over 84.0 percent agreement within this group. A nearly identical pattern of responses to the question emerged from parents in the control group. Forty percent indicated they "very much agreed" and another 40 percent indicated that they "agreed a little."

We also found a similar pattern of responses to the following statement, "Since the time I was interviewed by someone from the HOPE project, I feel better about myself." Sixty-two percent (62.4%) of those in the experimental group indicated that they "very much agreed" and another 18.8 percent stated they "agreed a little" with this statement. Among control group members, we found that 31.0 percent said that they "very much agreed" and another 50.0 percent "agreed a little." The results indicate that for a majority of those in the experimental group, participating in Project HOPE has been personally rewarding. The results also suggest that a majority of the parents assigned to the control group have experienced similar personal changes over the same period. Whether or not these changes were a result of their brief involvement in the HOPE project cannot be determined from this study.

An additional goal of Project HOPE was to provide assistance to parents who wished to start their own business. Our final question was meant to probe whether there were any differences between parents in the experimental and control group in their desire to start a business. The criteria for this comparison was based on the type and amount of effort that the parents put into exploring their particular business interest (i.e., contact with appropriate agencies and/or individuals). The results indicated that interest in starting a business was high in both the experimental and the control group (63.2% and **72.7%**, respectively). The groups also did not differ in their efforts to explore the possibility of starting a business. Those who were interested in starting their own business were asked to indicate if they had attempted to contact any of several small business agencies over the past 12 months. Approximately, 91.0 percent of those having business aspirations in the experimental group had contacted one or more of the listed resources. This compared favorably to 89.5 percent of those in the control group making the same type of contacts.

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

D. Conclusions

Parents who had the opportunity to participate in Project HOPE are involved in activities that have the potential for significantly improving their overall employment chances and for achieving self-sufficiency. At the time the study was conducted, the majority of the HOPE participants were involved in educational or training programs perceived to have the potential to help them achieve their personal goals. **This** same degree of confidence in the future was not held by parents who did not have the opportunity to participate in Project HOPE activities. In fact, a significant proportion of the parents in the control group did not feel that they had made much progress over the past 12 months in this regard. Conversely, it was found that a large proportion of the parents in the experimental group believed that the past 12 months had been very productive for them.

The results of the study clearly indicate that Project HOPE provided participants with opportunities that they might not have otherwise received. The opportunity to talk to someone with an interest in and knowledge of their needs was **certainly** beneficial. These positive feelings of helpfulness were not shared by the parents in the control group who also had had a chance to talk **with** someone concerning their needs. In addition to providing participants with an opportunity to talk to someone about their needs, Project HOPE provided other opportunities that normally would not be available. The opportunity to participate in workshops, classes, and formal discussions **concerning** employment and self-improvement were considered to be very beneficial by Project HOPE participants. The parents in the control group stated very strongly that having had these same opportunities available to them would have been very helpful.

Project HOPE is credited with having a positive impact on how the participants felt about themselves. Project participants indicated that not only had the project had a good effect on them personally, but also on their families. It may also be possible to credit the project **with** having had an indirect impact on some of the parents in the control group. One member of the control group provided the following statement, "I want to thank you for sending me this questionnaire because it gave me some thoughts on what I have to think about more and the things that will make me and my children happier."

Finally, we concluded that Project HOPE was not successful in encouraging parents to be more aggressive in their pursuit of entrepreneurship.

III Summative Evaluation

A. Introduction

The two **primary** goals of Project HOPE were full employment and self-sufficiency for each of the participating parents. **The** objective was to have all participants employed in a profession that was of their choosing and at an adequate salary level. In addition, participants were to achieve a higher level of **self**-confidence in their ability to take control of their careers and to reach self-sufficiency.

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

The purpose of the summative evaluation was to assess how successful the project was in attaining its primary goals. The evaluation attempted to answer the following research questions:

- (1) How do members of the experimental group compare with members of the control group in terms of current employment?
- (2) How do members of the experimental group compare with members of the control group in terms of being enrolled in training or educational programs?
- (3) How do members of the experimental group compare with members of the control group in terms of the project's direct impact?
- (4) How do members of the experimental group compare with members of the control group in terms of their overall assessment of Project HOPE?

B. Data Collection

Personal telephone interviews were attempted with 116 Project HOPE participants. Table 8 presents the results of these efforts.

TABLE 8
Personnel Contacts by Group

<u>Group</u>	<u>Total Telephone Attempts</u>	<u>Disconnected Telephones</u>	<u>Successful Interviews</u>	<u>Response Rate% N / %</u>
Experimental	56	29 (52.0%)	11	41.0%
Control	60	26 (43.3%)	13	38.0%

As indicated in Table 8, a significant number of project participants in both the experimental and control groups could not be contacted due to disconnected telephones. The types of responses that were encountered ranged from the telephone being temporarily disconnected to the telephone number having been given to a new person. Even when a disconnected telephone number was not encountered, the response rate to the survey was not high. The response rates among those contacted from both groups were very similar: 41 percent for the experimental and 38 percent for the control group. The nonresponses ranged from no answer after repeated follow-up attempts to "I have not been involved in the program so I don't want to talk about it."

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

C. Findings

In response to Question 1 of the survey, there was a significant difference between the number of parents in the experimental and control groups who were working. About 61.5 percent of the parents in the control group were currently working as compared to only 33.3 percent of those parents in the experimental group (See Table 9). Six (5 1.5 percent) out of the 11 parents in the experimental group reported not being involved in either employment or training compared to 5 (38.5 percent) out of the 13 parents in the control group.

TABLE 9
Employment Status of Parents

<u>Group</u>	<u>Numbers of Parents</u>	<u>Emnloved</u>	<u>In Training or Educational Programs</u>	<u>Unemnloved</u>
Experimental	11	33.3%	66.7%	54.5%
Control	13	61.5%	0.0%	38.5%

When we reviewed the area of training and educational enrichment, we also found some differences between the groups (Table 9). Five (67.0 percent) of the parents in the experimental group were in training or educational programs as compared to none (0.0 percent) of the parents in the control group.

Parents who were working at the time of the survey were asked to indicate their hourly wages. The eight employed parents in the control group had hourly wages ranging from \$4.00 to over \$8.00 per hour; 50 percent earned between \$4.00 and \$5.00 per hour; 25 percent earned between \$6.00 and \$7.00 per hour; and the remainder earned \$8.00 and above per hour. The two employed parents in the experimental group had an hourly wage rate of between \$4.00 and \$6.00.

Each group of parents was asked to indicate how good they felt the HOPE project was overall. Even though those parents who were in the control group did not get a chance to receive any services, it was felt that their assessments would still be a good measure of the project's general reputation. The parents were asked to rate the program, based on what they knew about it independently of whether they received any services or not. Forty-five and a half percent of the parents in the experimental group rated the project as being "Very Good." The project was considered to be "Good" by an additional 27.3 percent of the parents and just "OK" by the remaining parents (27.3 percent). Parents in the control group were more diverse in their ratings of the project. Thirty-one percent of the parents felt the project was "Good" and another 30.7 percent rated it as just "OK." Two parents (15.4 percent) felt the project was "not good at all," and three others (23.1 percent) did not want to offer an assessment.

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

All the respondents were asked whether they felt that they still could use some of the types of services that Project HOPE provided. The responses across the two groups were very similar. Seventy-three percent of the parents in the experimental group indicated that they could still use the services. Sixty-nine percent of the parents in the control group indicated that they definitely could benefit from the services offered.

The final question that was posed to the parents in the experimental group was “Whether they felt the HOPE project had any impact on them other than a job or educational training?” The purpose of this inquiry was to see if the respondents felt that the project had had any direct effect on their personal or family life. The following comments were offered by some of the parents in the experimental group:

“Yes, help build self-esteem, positive attitude.”

“Yes, they kept kids when I went to school; good to kids.”

“Helped to further education; just helped me in general.”

“Yes, gave a program to get out of the house and meet people.”

“Really helped me, I think it will impact family later as I get a job.”

D. Conclusions

The goal of the research was to demonstrate (statistically) within specific **confidence** limits, that any differences between the two groups was a direct result of the project. Unfortunately, the lack of an adequate response rate to the summative evaluation survey makes it very difficult to draw definitive conclusions from a statistical standpoint.

Nevertheless, we can reach some practical conclusions based on an analysis of these limited responses. We have to conclude that the HOPE project was not totally successful in its goal of having all participating parents (experimental) employed by the end of the project. In fact, we see that there are significantly more employed parents in the control group than in the experimental group. However, we must be cautious in making our overall judgement based only on this outcome. The analysis also shows that a significant number of parents in the experimental group are involved in activities that have the potential for giving them rewarding careers. Since this also was one of the goals of the HOPE project, we consider this a project success. We consider this outcome a more significant success than that of only employment. This judgment is based on two important facts: a number of the parents who are in school or in training felt that they would not have been able to get this chance if it were not for Project **HOPE**, and this fact provides some support for our assumption that due to the lack of opportunity to pursue training or educational enrichment, employment may have been the only option for those parents in the control group.

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

Additional support for our determination of project success is based on the fact that those employed parents in the control group indicated clearly and unequivocally that they could still use the services that the HOPE project provided to those in the experimental group.

Another measure of a project's success can be determined based on how well it is rated by those individuals involved in it. A majority of those parents in the experimental group rated the HOPE project as being between "Very Good" and "Good." In addition, 61.4 percent of parents in the control group also gave the project a "Good" or "OK" rating.

Based on these positive impressions, we classify the HOPE project as being successful, at least from a practical point of view, if not statistically. This project has been able to achieve some successes in spite of operating under factors that created potential barriers to its success. **The** most prevalent barriers were operating with a constraining research design (control group); insufficient human and financial resources; an inadequate client follow-up system; low rate of response to evaluative inquiries; and extremely high rates of unreachable (disconnected telephones) participants.

Project HOPE was a very unique and important project. It attempted to address one of the most difficult problems for inner-city residences, namely unemployment and underemployment. In addition, the project attempted to tackle the problem through a methodology that was unique: a collaborative arrangement between different city, State, and human service agencies. The evaluators of this project are in full support and share the strong belief of CMACAO and Project HOPE staff that this collaborative approach can be utilized to improve and increase the employability of Head Start parents and thus enable them to become more self-sufficient. It is based on this belief that we offer the following general and programmatic recommendations.

TABLE 10
Demographic Characteristics for Study Sub-Group
in Demonstration Partnership Program

Head of Household (N=20)		
Gender of Head of Household		
Female		17
Male		3
Age of Head of Household		
21-30		12
31-40		8
Race of Head of Household		
white		18
Native American		2

CHAPTER 9. PROJECT HOPE (HEADSTART OPPORTUNITIES FOR PARENTS THROUGH EMPLOYMENT)

TABLE 10 (Continued)
Demographic Characteristics for Study Sub-Group
in Demonstration Partnership Program

Education	
Less than high school	9
High school +	11
Children (N=19)	
Number	
1 child in 1 family	
2 children in 6 families	
3 children in 2 families	
School Performance	
Poor	3
Average	12
Excellent	3
Day Absent from School	
Zero	7
1 to 6 days	8
7 to 20 days	4

Recommendations

- (A) Repeat this type of project with this same population. **This** population has already demonstrated some desire and commitment to education and **growth** by their decision to give **their** children a "Head Start."
- (B) Do not choose an experiment-control group research design unless the control group can receive some type of treatment (services). **The** potential problems that this design creates is illustrated by one parent who became disillusioned after being placed in the control group and stated, "**The** HOPE program is a hoax: they go through offering 'hope, but not give hope. Schooling was needed but not given."
- (C) Develop or identify some appropriate assessment instruments that can measure specific outcome variables that may be better predictors of success (e.g., motivation, **self**-assessment, educational aspirations, etc.). **This** type of instrument will be helpful in identifying and selecting project participants.

Section V

EARLY PREVENTION -- HIGH SCHOOL YOUTH AT RISK

Chapter 10

Partnership for Youth Self-Sufficiency

Community Action Partnership Bureau

County of San Diego Department of Social Services

San Diego, California

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Agency: County of San Diego
Department of Social Services
1255 Imperial Avenue, Suite 751
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Agency Director: Richard W. Jacobsen
June Burnett Institute for Children, Youth and Families
San Diego Station

Evaluator: Ricardo Cornejo, **Ph.D./John** Wedemeyer, **M.S.W./Ronald** Harris

Contact Person: Carolyn P. Lindsay, Project Director

Telephone: (619) 531-5598

Project Type: Youth At-Risk, Job Skills Development, School Retention, Case Management

Project Title: Partnership for Youth Self-Sufficiency (YSS)

Model: Pre-Employment and Life Skills Training, Job Development, and Placement

Project Period: July 1989 to June 1991

I. Background

A. Introduction

San Diego has serious problems with poverty and underachievement in education. It ranks 8th among the largest metropolitan areas in the nation for the percentage (11.3 percent) of citizens living below the poverty level. In 1980, 22 percent of the adult population had an educational attainment of less than 8 years of school.

The California dropout rate in 1986-1987 was 22 percent. In that same year the dropout rate in San Diego was 21 percent. At San Diego High School (SDHS), the site selected for this project, the 1986-1987 dropout rate was 33.9 percent. The majority of the students enrolled at SDHS belong to the following ethnic minority groups: 43.2 percent Hispanic, 11.2 percent African-American, 9.2 percent Indo-Chinese, and 3.7 percent Asian. Over 42 percent of Hispanic students and more than 50 percent of African-American students drop out of school before graduation.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

In a national survey, the General Accounting Office (GAO) identified the predictors of school dropouts as: 1) behind grade levels, 2) problems with truancy and excessive absences, 3) disruptive classroom behavior, 4) low socioeconomic status, 5) minority status (especially Hispanic and African-American), and 6) pregnancy and adolescent mothers. Over three-fourths of the dropouts came from families that were low in socioeconomic status, thereby theoretically perpetuating the “cycle of poverty”.

According to the GAO, successful programs that address students at high risk of dropping out include: support/counseling elements, academic remediation and development, and work experience components. The Youth Self-Sufficiency (YSS) Project addressed each of these needs. The staff at SDHS were concerned about supporting their students in attaining self-sufficiency. With a high dropout rate, many low socioeconomic and minority status students, and teen-age mothers, SDHS was an ideal setting for the Youth Self-Sufficiency Project.

When the project was first initiated, SDHS had already identified 328 “at risk” students and developed a special track for them that included a Decision Making class, a Supervised Study class, and other options. The Youth Self-Sufficiency project utilized the life skills education and counseling element of the existing Decision Making class and added an employment component to it. Fifty-one students were initially assigned to the Decision Making class which comprised **Treatment** Group One to serve as the experimental group. An equal number of students were identified in the Supervised Study class which comprised Comparison Group One and served as the control group.

Students enrolled in the Decision Making class received a mix of classroom instruction presented by the Decision Making teacher (SDHS) and the social worker (DSS), curriculum included: tutoring and study skills, life skills instruction, interpersonal communication, and pre-employment education, and testing.

Other social services were delivered to students, as needed, by members of the Case Management Team (classroom teacher, school counselors, two DSS social workers, and social work supervisor). These services included: counseling, referrals to appropriate agencies, job referrals and placement, and employment counseling.

II. Service Activities

The partnership for the Youth Self-Sufficiency Project involved a collaborative effort between the San Diego Unified School District, SDHS, both the DSS, the Community Action Partnership Program and Employment Preparation Division, and the June Burnett Institute of the San Diego State University Foundation.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

A. Purpose

With a mission of breaking the cycle of poverty for the participants enrolled in the program, the Youth Self-Sufficiency Project was designed to provide employment preparation, skill training, and employment to “at risk” high school youth. The project served 10th, 11th, and 12th graders attending SDHS who were identified by school counselors as educationally “at risk.”

B. Service Methodology

The service methodology for the Youth Self-Sufficiency Project involved:

- Stationing social workers, skilled in both employment preparation and child welfare onsite at SDHS.
- Adding an employment education curriculum to the existing Decision Making class at the-high school.
- Developing a Case Management Team model, involving school personnel and County DSS personnel, to facilitate delivery of services.
- Extending applicable aspects of the model into other support classes at SDHS, which had similar “at risk” populations, such as the Parenting class.

As part of the project, the DSS social workers were relocated to the high school campus to work as a team with the school staff. These social workers had access to test data, assessments, and academic plans developed by the school. The social workers developed an Employment Plan that supported each participant’s Academic Plan (e.g., career goal and jobs that avoid conflict with school hours). Employment assistance, available to “at risk” students attending school, was intended to provide an incentive for remaining in school.

Every participant in the Youth Self-Sufficiency Project also had access to remedial, basic skills, and English as a Second Language (ESL) instruction. All students who participated in the Promotion and Retention, Maintenance and Motivation Program, and parenting class, were assessed and assigned to reading classes, language arts laboratory, mathematics laboratory, ESL, and individual assistance. Maintenance and Motivation students also received the Decision Making class, which was designed to help their transition into the adult world. Classroom instruction not only taught skills, but also functioned as a group support system, where participants could discuss their experiences, fears, and successes.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

DSS social workers considered remediation, basic skills, and ESL instruction when developing the participants' Employment Plan. Participants who needed preemployment training received supplemental classroom instruction in these skills from social workers in their Decision Making class. The preemployment training utilized a competency-based curriculum, which was developed by the DSS specifically for youth.

The curriculum included career exploration, networking, preparation of job applications, interviewing, self-assessment, telephone job search, developing job leads, utilizing labor market information, job search planning, and job search skills. Employment training **also** included job retention skills, such as "My Job as an Investment," "**Conflicts** on the Job," and "Job Advancement Opportunities." Students were evaluated on the attainment of their competencies at the end of each learning module. Feedback was provided by the social worker to the student through discussion and review.

Skill training was provided to participants through "On-The-Job Training" (**OJT**) contracts and direct job placements, developed by the social workers. The DSS Employment Preparation Division's Job Development Unit develops an average of 160 OJT opportunities per month and has a large network of private sector employers. Specific OJT competencies were developed by private sector employers and a DSS job developer/social worker. Actual job placement monitoring and follow-up was available to the student once OJT was achieved. DSS social workers also provided job placement services, job retention counseling, and problem-solving assistance to participants.

As previously described the initial design included the augmentation of the existing Decision Making course, already in place for 3 years, with employment training for "at risk" students. During the **first** semester of the project (Fall **1989**), most of the resources went into preemployment training, because the Decision Making class curriculum had not yet been developed. By the second semester, both a plan for the Case Management Team and the full Decision Making class curriculum were in place at SDHS.

Generally, the Youth Self-Sufficiency Project intervention contained the following basic elements:

- Decision Making class - 88 hours, including:
 - Tutoring and Study Skills 31 hours
 - Life Skills Instruction 24 hours
 - Interpersonal Communication 12 hours
 - Reemployment Training 13 hours
 - Other Activities and Testing 8 hours
- Skill training (On-the-Job Training) - **80-240** hours
- Job placement assistance - approximately 5 hours
- Individualized employment counseling - approximately 10 hours

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

During the **first** semester of services (Fall 1989), some of the elements listed were not completely in place. Several changes and refinements to the service methods utilized during the Fall, 1989 semester were made in February 1990. **The** changes were a result of a mid-year assessment and planning workshop conducted by the project director for project staff. The primary change was the adaptation of a Case Management Team Approach for the Decision Making students enrolled in the Spring 1990 intervention semester. **Other** refinements focused on strengthening underdeveloped elements of the intervention.

According to staff reports, the Case Management Team Approach enhanced the project by providing accountability and responsibility on the part of both project staff and participants. Employment tracking and follow-up was augmented by Case Management. Many times, the case manager became an advocate for the participant, allowing the student to access available services more readily. Case managers developed and modified academic and employment plans, provided counseling, made referrals to other social services, and served as advisors to the program participants.

The Case Management Team Approach also assured greater contact with the families of Decision Making students by county and school **staff** and provided greater individual attention to the Decision Making students.

III. Evaluation Methodology

The evaluation included both a quantitative assessment of improvements by students served by the project; and a qualitative assessment that described the intervention process and what the staff learned from their experience.

A. Evaluation Design

The initial evaluation design called for a comparison of the progress of the Treatment Group (students enrolled in the Fall 1989 Decision Making class) with the progress of a Comparison Group (students enrolled in the Fall 1989 Supervised Study class). **These** groups are referenced as Treatment Group One and Comparison Group One. In an attempt to assess the impact of service refinements made following completion of the Fall 1989 semester, the Evaluators also studied two additional treatment groups: Treatment Group Two, consisting of students enrolled in the Spring 1990 Decision Making class; and Treatment Group Three, consisting of students enrolled in the Fall 1990 Decision Making class.

SDHS is a 3-year, inner-city, high school located in an area with a predominantly minority population that includes the largest Hispanic community within the City of San Diego. Annual total enrollment averages 1,400, students of which 70 percent are ethnic minorities. From 1988 - 1989, the school year immediately prior to the start of this project 23 percent of the students enrolled at SDHS were identified as educationally "at risk" based on the District's promotion and retention policy.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Three hundred twenty-eight students were identified by administrators and counselors at SDHS as constituting the “at-risk” population for the Fall semester of 1989. Each student’s “at risk” status was determined using guidelines set forth by the San Diego school system. These criteria placed the greatest emphasis on those students who were receiving two or more failing grades in the subject areas of English, Mathematics, and/or Social Science, and who were also deficient in the number of academic credits earned for their grade level.

School counselors targeted between 60 and 80 students for the three sections of Decision Making class and 120 students for the six sections of Supervised Study class. Fifty-one Decision Making Students completed requisite pretests and were matched with an equal number of Supervised Study Students. Those students assigned by school counselors to Treatment Group One (Decision Making) had five deficiencies:

1. “At-risk” of dropping out of school
2. Below the minimum academic credits earned at their appropriate grade level
3. Unmotivated for academic achievement
4. Attitudinal and/or behavioral problems
5. Excessive absences

Students assigned by school counselors to the Supervised Study class had only two deficiencies:

1. “At-risk” of dropping out of school
2. Below the minimum academic credits earned for their appropriate grade level

In brief, the selection criteria for Decision Making students placed them in the bottom 4 percent of the school’s overall population (51/1,400) and the lowest 16 percent of the 328 identified “at-risk” students attending SDHS. Criteria for Supervised Study students placed them in the lowest 9 percent of the overall school population and the lower 34 percent of the 328 identified “at-risk” students.

To obtain an analogous control group from students in the Supervised Study classes, the evaluators used a “matched pairs” technique. Each student enrolled in Treatment Group One (Decision Making) was paired with a Comparison Group One (Supervised Study) **student** who closely approximated their demographic, academic, and behavioral characteristics.

Pairs of students were selected by exact matches of gender, ethnicity, and socioeconomic status. Students were also matched as closely as possible by grade point average, age, academic credits earned, cumulative credits earned, citizenship and grade level. Initially, 51 pairs of students were matched. By the end of the intervention semester, a total of 35 matched pairs (35 Treatment Group One students and 35 Comparison Group One students) or 70 students had completed all prerequisite pretests and post-tests. These 35 pairs comprise the study sample frame.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Several instruments were used to measure the success of the Youth Self-Sufficiency Project objectives at the baseline and at the end of the intervention. An additional follow-up semester was included in the evaluation & sign to measure the delayed impact of the intervention.

Treatment Group One and Comparison Group One were compared on the basis of grade point average, academic credits earned, cumulative credits earned, citizenship grade point average, absences, referrals, the "Teacher/Counselor Questionnaire," the "Scott-Foresman School Attitude Measure," hourly wages, hours employed, and duration of employment over time (employment tracking).

Treatment Group One and Treatment Group Two students were compared using data from school records only, including grade point average, academic and cumulative credits earned, citizenship grade point average, absences, and referrals. The other tests used for Treatment Group One and Comparison Group One, including the School Attitude Measure, the Teacher/Counselor Questionnaire and employment tracking variables were not used. The comparison of Treatment Group One and Treatment Group Three students involved only the "Pre-employment Skills Test." Information obtained from Treatment Groups **Two** and **Three** allows for assessment of the impact resulting from changes made in the intervention strategy following February 1990. (These changes included the introduction of the coordinated Case Management Team approach used for Treatment Group Two, as well as a number of course refinements made to the Decision Making class content.)

The purpose of the evaluation was to assess the success of the Youth Self-Sufficiency Project with respect to its general hypothesis and specific program objectives. The general hypothesis stated:

That the self-sufficiency of the treatment group project participants will increase to a greater degree than the comparison group of matched pairs not receiving these services.

Several specific objectives were designed for project implementation and served as subhypotheses:

1. Students in the treatment group will be employed more consistently and regularly than comparison group students, demonstrating the ability to break the cycle of poverty.
2. The hourly pay of students in the treatment group will be higher than that of comparison group students.
3. **The** hourly pay of students in the treatment group will increase at a greater rate than the hourly pay of comparison group students.
4. Students' grade point averages in the treatment group will improve significantly more than the comparison group.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

5. A significantly higher percentage of students in the treatment group will pass all courses with a grade of D or better by the end of the intervention semester and by the end of the semester following intervention.
6. The citizenship grades of students in the treatment group will improve significantly more than those in the comparison group.
7. Attendance of students in the treatment group will improve to a significantly greater degree than attendance of the comparison group.
8. The self-concept of students in the treatment group, as measured by the School Attitude Measure, will improve to a greater degree than the self-concept of students in the comparison group.
9. Students in the treatment group will demonstrate a significantly lower number of grade level retentions at the end of the academic year than students in the comparison group.
10. Students in the treatment group will drop out of school at a lower rate than students in the comparison group.
11. Students in the treatment group will show a greater knowledge of preemployment skills than the students in the comparison group by the end of the intervention semester as measured by the Pre-Employment Skills Test.
12. Teachers/counselors will observe greater improvement in the treatment group students concerning self-esteem/self-concept and behavior than the comparison group between the beginning and end of the intervention semester.

B. Demographic Profiles

Treatment Group One students were those enrolled in the Fall semester of 1989. **Students** receiving the service intervention Treatment Group One were assigned by school administrators to attend the Decision Making class. Students assigned to Supervised Study classes, but who were not in the Decision Making class, constituted Comparison Group One.

The demographic information presented in Table 1 is based upon the 35 matched pairs that completed all pretests and posttests during the Fall semester of 1989.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

TABLE 1
Demographic Comparison
Treatment Group One and Comparison Group One
Fall 1989 Intervention

Demographic Characteristic	Decision Making Class (Treatment Group)	Supervised Study Class (Comparison Group)
Gender:		
Females	6 17.4%	6 17.4%
Males	29 82.9%	29 82.9%
Ethnicity :		
Hispanic	24 68.6%	24 68.6%
Caucasian	6 17.1%	6 17.1%
African-American	4 11.4%	4 11.4%
Asian	1 2.9%	1 2.9%
Age:		
Mean	16.5 years/months	16.5 years/months
Minimum	14.8 years/months	14.8 years/months
Maximum	19.0 years/months	18.6 years/months
Grade:		
10th	21 60.0%	14 40.0%
11th	11 31.4%	15 42.9%
12th	3 8.6%	6 17.1%
AFDC status		
Receiving AFDC	8 22.9%	8 22.9%
Not Receiving AFDC	27 77.1%	27 77.1%

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Only 24 of the matched pairs completed the Spring 1990 follow-up semester. Both Treatment Group One and Comparison Group One were comprised of 5 females and 19 males. Comparative demographic data can be found in Table 2.

TABLE 2
Demographic Comparison
Treatment Group One and Comparison Group One
Fail 1989 Intervention

Demographic Characteristic	Decision Making Class (Treatment Group) N=35	Supervised Study Class (Comparison Group) N=35
Gender:		
Females	5 20.8%	5 20.8%
Males	19 79.2%	19 79.2%
Ethnicity:		
Hispanic	17 70.8%	17 70.8%
Caucasian	5 20.8%	5 20.8%
African-American	1 4.2%	1 4.2%
Asian	1 4.2%	1 4.2%
Age:		
Mean	16.9 years/months	16.9 years/months
Minimum	15.2 years/months	15.2 years/months
Maximum	18.8 years/months	18.8 years/months
Grade:		
10th	18 75.0%	12 50.0%
11th	4 16.7%	8 33.3%
12th	2 8.3%	4 16.7%
AFDC status		
Receiving AFDC	5 20.8%	5 20.8%
Not Receiving AFDC	19 79.2%	19 79.2%

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Males were heavily overrepresented among students referred to the Decision Making class. Also, **Latino** male students constituted the majority of students in the class. Asians and Caucasians were underrepresented in the class. African-American students in the Decision Making Treatment and Comparison class were proportionally represented when compared to their schoolwide population. Attrition within Groups One across the semesters was most pronounced among the 11th and 12th graders.

Treatment Group **Two** was comprised of second semester students who were enrolled in the Decision Making class during the Spring 1990 intervention semester. Intake and assignment was completed during the first 4 weeks of the Spring semester (February 6 - February **28, 1990**) for all students enrolled in the Decision Making class. Of those enrolled, 36 students completed the course and received a grade.

The demographic data presented in Table 3 are based upon the 36 students who completed the Spring 1990 semester and received a course grade.

There was a high attrition rate early in the Fall semester of 1989 among Treatment Group One (Decision Making) relative to their matched pair students in Comparison Group One (Supervised Study). This attrition rate has been observed in similar "at risk" populations. For example, during Fall **1989, 22** of the 32 students that left the project came from the Treatment Group. By June 1990, the number had risen to 31 of 44 students.

Because of this tendency, the Evaluation Team began tracking the attrition and destination of the Decision Making students and Supervised Study students leaving SDHS. At intake during the Fall 1989 semester, there were 51 matched pairs of students from Decision Making and Supervised Study classes. This accounted for 102 students who were followed. By the end of the semester, only 35 matched pairs remained. By the end of the follow-up semester, only 24 matched pairs remained.

CHAPTER 10. PARTNERSHIP FOR YOUTH **SELF-SUFFICIENCY**

TABLE 3
Demographics
Treatment Group Two

Demographic Characteristic	Decision Making Class (Treatment Group) N=36	
Gender:		
Females	11	30.6%
Males	25	69.4%
Ethnicity:		
Hispanic	20	55.6%
Caucasian	6	16.7%
African-American	7	19.4%
Asian	1	2.8%
American Indian	1	2.8%
Filipino	1	2.8%
Age:		
Mean	16.4 years/months	
Minimum	14.8 years/months	
Maximum	19.1 years/months	
Grade:		
10th	28	77.8%
11th	6	16.7%
12th	2	5.6%
AFDC status		
Receiving AFDC	10	27.8%
Not Receiving AFDC	26	72.2%

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

C. Quantitative Analysis

First semester students were enrolled during the Fall semester of 1989 and assigned by school administrators to either the Decision Making class (Treatment Group One) or the Supervised Study class (Comparison Group One). Intake was completed during the first 4 weeks of the Fall semester from September 1 - 31, 1989, for students enrolled in the Decision Making class and the Supervised Study classes. Employment tracking was only carried out for students in Treatment Group One and Comparison Group One.

The County of San Diego Employment Preparation Division compiled employment history information on Treatment Group One and Comparison Group One. These students were enrolled in their respective classes during Fall 1989. In addition to the intake (baseline) data collected in September 1989, there were six follow-up employment interviews with each student in the original study sample.

The students who were tracked were drawn from the treatment and comparison groups in the first semester: Treatment Group One and Comparison Group One. Even though information gained from observation indicates that most of the students in Decision Making and Supervised Study classes were from lower income families, the school-based data do not provide information on family economic status (other than eligibility for the free or reduced lunch program). The only specific data related to economic status had to do with AFDC status obtained through the DSS.

Relatively few of the students from either Treatment Group One or Comparison Group One were active with AFDC at the time the initial treatment and comparison groups were identified. The small number of AFDC-linked students made it difficult to draw any conclusions on the impact of the program on employment within this study subset. As a consequence, the analysis focused on both AFDC and non-AFDC students.

It was believed that students from AFDC families in the Treatment Group would be employed more consistently and regularly than Comparison Group students from AFDC families demonstrating the ability to break the cycle of poverty.

Evidence to evaluate this hypothesis was measured by length of employment and hours of work per week for students in the Decision Making and Supervised Study classes. Employment data indicate that Decision Making students were employed more consistently and regularly than Supervised Study students during the seven tracking periods. Except for the last period of the employment tracking study, this finding holds consistently, regardless of the AFDC status of the student.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

On the average, Treatment Group One students were employed more hours per week than Comparison Group One students. Among AFDC students, those assigned to Decision Making began with fewer hours worked per week, but surpassed the Supervised Study AFDC students halfway through the first intervention semester during Fall 1989. Except for the seventh follow-up period, this evidence provides strong support for the initial hypothesis.

A second hypothesis held that ~~the~~ hourly pay of students Treatment Group One would be higher than that of students in Comparison Group One.

As a group, Treatment Group One who were employed earned a higher hourly wage at all seven intervals of the employment tracking study than did Comparison Group One students. This evidence supports the achievement of Objective 2. The third hypothesis stated that the hourly pay of the students in Treatment Group One will increase at a greater rate than the hourly pay of Comparison Group One.

A review of the data showed that the average wage for Decision Making students increased during the October and November 1989 follow-up periods, going from **\$4.96/hour** to **\$5.03/hour**. However, beginning with the January 1990 follow-up period, the average wage for Decision Making students began to decline to a low of **\$4.70/hour** in the last follow-up period (November 1990).

Supervised Study students who started and ended with a lower wage than Decision Making students (**\$4.49/hour**) showed a drop in hourly wage to **\$4.43/hour** during the November 1989 and January 1990 follow-up periods. In the March 1990 follow-up period, Supervised Study students showed an increase in average hourly wage over the September 1989 baseline. However, by June 1990 the average wage of Supervised Study students had dropped back to **\$4.48/hour**. By the final **followup** period, their wages were even lower. The drop in hourly wage may be partially attributed to an **influx** of new students into the work force after the first semester of intervention. The greater supply of entry-level laborers may have resulted in a generally lower wage for all students.

AFDC students in both groups reflected the same general trends as did the Overall Treatment and Comparison Groups.

Although sketchy, the data are very encouraging regarding the fulfillment of the project employment objectives. As expected, Decision Making students had a more consistent employment record when compared to Supervised Study students.

Employment Training • Pre-Employment Skills Test

It was expected that students in the treatment group would show a greater knowledge of preemployment skills than the students in the comparison group by the end of the intervention semester as measured by the Pre-Employment Skills Test.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

The Pre-Employment Skills Test was developed by the County of San Diego, DSS, Employment Preparation Division, to reflect the information provided by their preemployment curriculum. The test consists of 20 true/false questions (2 points each) and 20 multiple-choice questions (3 points each), designed for administration on a pretest and posttest basis. The maximum score on the test is 100 points. The Pre-employment Skills Test was given to Treatment Group One and Comparison Group One during the Fall Semester of 1989 and to Treatment Group Three during the Fall Semester of 1990. Pretesting of these two groups of students on the Pre-Employment Skills Test was completed by November 5, 1989, and post-testing was conducted from January 17, 1990 to February 2, 1990, at the end of the Fall 1989 semester.

Between-Group Analysis of the pretest scores did not yield a significant difference between students in Treatment Group One and Comparison Group One ($p = 0.11$). Comparison Group One with an average score of 67.31, scored seven points more than Treatment Group One students (average score: 60.14) on the pretest. Note that *post-test scores showed that Treatment Group One students improved significantly, when compared to Comparison Group One students.*

Within-Group Analysis yielded a highly significant difference between the pretest and post-test scores for the Decision Making students in Treatment Group One ($p = 0.00$). These students scored 27.43 points higher on their posttest than on their pretest scores. Even though Supervised Study students in Comparison Group One averaged 5 points more on their posttest scores than on their pretest scores, the difference was not significant ($p = 0.24$).

TABLE 4
Between-Group Comparison of Pre-employment Skills Test
First Semester Students: Fall 1989 Intervention

<u>Group</u>	<u>Baseline</u>	<u>N</u>	<u>Intervention</u>	<u>N</u>	<u>Probability</u>
Decision Making	60.14	35	87.60	35	0.00*
Supervised Study	67.31	35	71.89	35	0.24
Probability	0.11		0.00*		

* Significant difference.

Note: N = Number of students.

Students in Treatment Group Two were those who enrolled in the Decision Making class during the Spring semester of 1990. However, the Pre-Employment Skills Test was not administered as required by the original evaluation design. Instead, a final examination was substituted as a posttest only.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Because the original Pre-Employment Skills Test was replaced by the direct service staff during this semester, it was not possible for the evaluators to undertake direct comparisons between this group and other treatment or comparison groups. **The** evaluation team therefore arranged to have the Pre-Employment Skills Test administered to Treatment Group Three students served during the Fall 1990 Intervention semester. This was the only evaluation measure used on Treatment Group Three.

Treatment Group **Three** consisted of students enrolled in the Decision Making class during the third service semester of the project in Fall 1990. As can be seen from Table 5, their pretest or baseline score was significantly higher than that of the Fall 1989 group (Treatment Group One). The gain that they achieved over the semester was relatively small, although still statistically significant.

TABLE 5
Within-Group Comparison of Pre-Employment Skills Test
First Semester Students and Third Semester Students:
Fall 1989 and 1990 Interventions

Within Group Comparison	Pretest Score	Post-test Score	Point Gain /Change	Probability	N
Treatment Group 1 Decision Making, Fall 1989- 1990	60.14	87.60	+27.46	0.00	35
Comparison Group 1 Supervised Study, Fall 1989- 1990	67.31	71.89	+04.58	0.09	35
Treatment Group 3 Decision Making, Fall 1990-1991	76.23	84.87	+08.64	0.00	31

The evaluators had anticipated an increase for Treatment Group Three that was equivalent to, or greater than, the increase for Treatment Group One. The rationale for such a **pretest/posttest** increase would be that by the third semester the direct service staff (teacher and social workers) had considerable time and assistance in strengthening and refining the Decision Making course curriculum. Nevertheless, the gain in scores for Treatment Group Three was marginal.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

School-Based Data

The school-based data included demographic, academic, and behavioral information. Several indicators were used to measure the academic achievement and behavior of students participating in the Youth Self-Sufficiency Project. They included:

- Grade Point Average
- Academic Credits Earned
- Cumulative Academic Credits Earned
- Citizenship Grade Point Average
- Absences
- Referrals.

Grade point average was calculated on a **4-point** scale, with A = 4.0, B = 3.0, C = 2.0, D = 1.0, and F = 0.0. One academic credit is awarded for each course in which the student earns a grade of "**D**" or better to be on schedule for timely graduation. **The** student is expected to earn at least 6 credits per semester.

Citizenship grades are awarded for behavior and classroom attitude. They follow the same four-point scale as for regular academic subjects. The absence count was based on unexcused absences. Referral counts were based on disciplinary and counseling referrals.

These data were analyzed using a two-step statistical procedure. First, a "between-group" analysis was conducted to determine differences between Treatment Group One (Decision Making Class) and Comparison Group One (Supervised Study Class) for the end of the baseline semester, the end of the intervention semester, and the end of the follow-up semester. Second, a "within-group" analysis was conducted to determine whether improvement in performance occurred between the baseline, intervention, and follow-up semesters for each group of students.

The Between-Group Analysis showed that the mean grade point average (GPA) of the treatment and comparison groups was significantly different at baseline. **The** mean GPA for Decision Making students was 1.15 and the mean GPA for Supervised Study students was 1.66. At the end of the Fall 1989 semester, a marginally significant difference ($p = 0.06$) in GPA between the two groups of students remained (1.18 versus 1.56). However, by the end of the Spring 1990 semester, there was no significant difference in the GPA of the two groups of students (1.33 versus 1.55).

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

TABLE 6
Between-Group Comparison of GPA
Treatment Group One and Comparison Group One
At the End of the Follow-Up Semester, Spring 1990

Group	N	Baseline	N	Intervention	N	Follow-Up
Decision Making Class	35	1.15	35	1.18	24	1.33
Supervised Study Class	35	1.66	35	1.56	24	1.55
Probability		0.01*		0.06		0.34

* Significant difference.

Note: N = Number of students.

Within-Group Analysis showed that no significant differences existed for either Decision Making students or Supervised Study students between the end of the baseline and the end of the intervention semesters. Neither the slight increase in GPA of the Decision Making students, nor the slight decrease in GPA of Supervised Study students was statistically significant.

Significant change did not occur between intervention and follow-up semesters either. However, Decision Making students showed an increase in GPA, while Supervised Study students showed a decrease in GPA.

No statistically significant within-group differences were found for either Decision Making students or Supervised Study students between the end of the baseline semester and the end of the follow-up semester. Decision Making students slightly increased in GPA and Supervised Study students slightly decreased in GPA.

Although the relationships are not statistically significant, it is important to observe that trends in GPA run in the direction expected. Students in the Decision Making class improved over the three semesters, while students in the Supervised Study class declined in academic achievement over the same three semesters.

A marginally **significant** difference ($p = 0.07$) was **found** in academic credits earned at the end of the baseline semester (Spring 1989) between the two groups. Decision Making students earned an average of 3.49 credits compared to Supervised Study students who earned an average of 4.29 credits.

At the end of the Intervention semester (Fall 1989), there was a significant difference in the number of academic credits earned by both groups of students ($p = 0.05$). Decision Making students earned an average of 3.4 credits compared to Supervised Study students, who earned an average of 4.2 credits.

CHAPTER 10.

PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

By the end of the follow-up semester (Spring 1990), there was no significant ($p = 0.32$) difference in academic credits earned between the two groups of students. Decision Making students had earned an average of 3.83 credits and Supervised Study students earned an average of 4.33 credits.

TABLE 7
Between-Group Comparison of Academic Credits Earned for
Treatment Group One and Comparison Group One
At the End of the Follow-Up Semester, Spring 1990

Group	N	Baseline	N	Intervention	N	Follow-Up
Decision Making Class	35	3.49	35	3.40	24	3.83
Supervised Study Class	35	4.29	35	4.20	24	4.33
Probability		0.07		0.05*		0.32

* **Significant difference.**

Note: N = Number of students.

Within-Group Analysis found no significant differences for both groups between the end of the baseline semester and the end of the intervention semester. Both groups of students had a slight decrease in the mean number of academic credits earned. Similarly, no significant differences were found for either group between the end of the intervention semester and the end of the follow-up semester. However, Decision Making students had an increase in the mean number of academic credits earned, while Supervised Study students had a slight decrease. Finally, no significant differences were found for the two groups between the end of the baseline semester and the end of the follow-up semester.

At baseline, there was a significant difference in the absence rates of the two groups of students ($p = 0.02$). Decision Making students had an average of 71 absences and Supervised Study students had an average of 45 absences. The difference persisted through the intervention semester ($p = 0.05$).

Decision Making students averaged 83 absences and Supervised Study students averaged 62 absences. By the end of the follow-up semester, no significant difference was found in the absence rates between the two groups of students ($p = 0.20$). Decision Making students averaged 119 absences and Supervised Study students averaged 93 absences.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

TABLE 8
Between-Group Comparison of Absence Rates for
Treatment Group One and Comparison Group One
At the End of the Follow-Up Semester, Spring 1990

<u>Group</u>	N	Baseline	N	Intervention	N	<u>Follow-Up</u>
Decision Making Class	35	70.80	35	83.46	24	119.40
Supervised Study Class	35	44.86	35	62.00	24	93.30
Probabilitv		0.02*		0.05*		0.20

* Significant difference.

Note: N = Number of students.

Within-Group Analysis showed that Decision Making students did not significantly increase their absence rates from the end of the baseline to the intervention semester, while Supervised Study students showed a significant increase in absence rates.

No significant difference was found for Decision Making students in the **number** of absences from the end of the intervention semester to the end of the follow-up semester. Supervised Study students continued to show a significant increase in their number of absences **from** the end of the intervention semester to the end of the follow-up semester.

Both groups of students showed a significant increase in the number of absences from the end of the baseline semester to the end of the follow-up semester.

Between-Group Analysis at baseline did not detect any significant difference between the two groups of students ($p = 0.11$). Decision Making students averaged 1.63 referrals while Supervised Study students averaged 0.89 referrals.

A statistically significant between-group difference was found in the number of referrals ($p = 0.02$) at the end of the intervention semester. However, each group of students decreased in their average number of referrals, from the end of the baseline semester (Decision Making students = 1.63, Supervised Study students = 0.89) to the end of the intervention semester (Decision Making students = 1.49, Supervised Study students = 0.43).

Follow-up Semester: No significant difference was found between these two groups of students at the end of the follow-up semester ($p = 0.09$). Decision Making students averaged 0.83 referrals and Supervised Study students averaged 0.25 referrals:

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

TABLE 9
Between-Group Comparison of Referral Rates for
Treatment Group One and Comparison Group One
At the End of the Follow-Up Semester, Spring 1990

Group	N	Baseline	N	Intervention	N	Follow-Up
Decision Making Class	35	1.63	35	1.49	24	0.83
Supervised Study Class	35	0.89	35	0.43	24	0.25
Probabilitv		0.11		0.02*		0.09

*Significant difference; N=Number of students.

When a Within-Group Analysis was carried out, no significant differences were found between baseline and the end of the intervention semester in either group of students. Both the Decision Making students and the Supervised Study students showed a decrease in the mean number of referrals.

Intervention vs. Follow-Up Semesters: There were no significant differences between the **end** of the intervention semester and the end of the follow-up semester in the mean number of referrals for either group of students. However, both groups continued to show a decrease in the number of referrals.

No significant difference was found for the decrease in the number of referrals between the end of the baseline semester and the end of the follow-up semester for Decision Making students. However, Supervised Study students significantly reduced their mean number of referrals from the end of the baseline to the end of the follow-up semester.

As can be seen from Table 10, Treatment Group Two showed important gains in GPA, Academic Credits Earned, and Cumulative Academic Credits Earned across the intervention semester. While gains in Citizenship GPA were not significant, they were in the right direction. Unexcused absences increased when compared to the baseline, but not significantly. Referrals were down, but **only** slightly.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

TABLE 10
Academic Performance
Second Semester Students
Treatment Group Two, Spring 1990

Scale	N	Baseline	Post-Intervention	Probability
GPA	36	1.08	1.52	0.02 *
Academic Credits Earned	36	3.17	4.17	0.01 *
Cumulative Academic Credits Earned	36	15.92	20.08	0.04 *
Citizenship GPA	30/36	1.58	1.91	0.09
Absences (Unexcused)	36	98.90	126.90	0.10
Referrals	36	0.69	0.61	0.75

GPA = Grade Point Average on a four-point scale

** Significant at $p < 0.05$.

A “between-group” analysis using a t-test was conducted to determine whether differences in mean performance occurred between the first semester Treatment Group One (Decision Making) and second semester Treatment Group Two (Decision Making).

Comparison of the baseline and intervention semesters showed no significant difference in GPA between Treatment Groups One and Two at either the baseline or intervention semesters ($p = 0.72$, $p = 0.09$). However, when comparing the gains within each group from the baseline to the intervention semesters, a significant gain in GPA was shown by Treatment Group **Two** ($p = 0.02$). As noted previously, a significant gain in GPA from the baseline to the intervention semesters was not shown by Treatment Group One ($p = 0.86$).

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Table 11
Between-Group Comparison of GPA
Treatment Groups One and Two
At the End of Their
Fall 1989 and Spring 1990 Intervention Semesters

Treatment Group	N	Baseline	N	Intervention	Probability
One	35	1.15	35	1.18	0.86
Two	36	1.08	36	1.52	0.02*
Probability		0.72		0.09	

* Significant difference.

Note: N = Number of students.

In the baseline semester there was significant difference in Academic Credits Earned between the two groups of students ($p = 0.45$). At the end of the intervention semester there was a significant difference in the number of academic credits earned ($p = 0.05$). Treatment Group Two students earned 1.0 more credits than did Treatment Group One students.

TABLE 12
Between-Group Comparison of Academic Credits Earned for
Treatment Groups One and Two
At the End of Their
Fall 1989 Intervention and Spring 1990 Intervention Semesters

Treatment Group	N	Baseline	N	Intervention	Probability
One	35	3.49	35	3.40	0.84
Two	36	3.17	36	4.17	0.01*
Probability		0.45		0.05*	

* Significant difference.

Note: N = Number of students.

There were no significant differences in cumulative credits earned between these two groups of students at the end of their baseline and intervention semesters ($p = 0.17$, $p = 0.10$).

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

TABLE 13
Between-Group Comparison of Cumulative Academic Credits Earned for
Treatment Groups One and Two
At the End of Their
Fall 1989 Intervention and Spring 1990 Intervention Semesters

Treatment Group	N	Baseline	N	Intervention	Probability
One	35	13.20	35	16.60	0.11
TWO	36	15.92	36	20.08	0.04*
Probability		0.17		0.10	

* Significant difference.

Note: N = Number of students.

There were no significant differences in citizenship grade point average between these two groups of students at the end of their baseline and intervention semesters ($p=0.95$, $p=0.15$).

TABLE 14
Between-Group Comparison of Citizenship GPA
Treatment Groups One and Two
At the End of Their
Fall 1989 Intervention and Spring 1990 Intervention Semesters

Treatment Group	N	Baseline	N	Intervention	Probability
One	35	1.57	34	1.60	0.87
TWO	36	1.58	36	1.91	0.09
Probability		0.95		0.15	

* Significant difference.

Note: N = Number of students.

There were significant differences in the number of unexcused absences between these two groups of students at the end of their baseline and at the end of their intervention semesters. Treatment Group Two students accumulated significantly more unexcused absences at the end of both the baseline and intervention semesters ($p = 0.03$, $p = 0.01$).

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

TABLE 15
Between-Group Comparison of Absence Rates for
Treatment Groups One and Two
As of the End of Their

Fall 1989 Intervention and Spring 1990 Intervention Semesters

Treatment Group	N	Baseline	N	Intervention	Probability
One	35	70.80	35	83.46	0.303
Two	36	102.00	36	126.90	0.14
Probability		0.03*		0.01*	

* Significant difference.

Note: N = Number of students.

There was a significant difference in the average number of referrals per student at the end of the baseline semester ($p = 0.02$). Group One students received more referrals than Group Two students. There was no significant difference in the average number of referrals per student at the end of the intervention semester ($p = 0.07$). Both Groups One and Two students decreased the average number of referrals during the intervention semester.

TABLE 16
Between-Group Comparison of Referral Rates for
Treatment Groups One and Two
As of the End of Their

Fall 1989 Intervention and Spring 1990 Intervention Semesters

Treatment Group	N	Baseline	N	Intervention	Probability
One	35	1.63	35	1.49	0.80
Two	36	0.69	36	0.61	0.75
Probability		0.02*		0.07	

* Significant difference.

Note: N = Number of students.

Attitude and Self-Concept - First Semester Students, Treatment Group One, Fall 1989 Intervention

Pretesting using the Scott-Foresman SAM and the Teacher/Counselor Questionnaire was completed by November 5, 1989. Posttesting was conducted from January 17 to February 2, 1990.

The Scott-Foresman SAM can be described as a self-concept scale for measuring attitudes towards school at any particular point in time. The items on the SAM are clustered into five categories: Motivation for Schooling (MS); Academic Self-Concept/Performance Based (SCP); Academic Self-Concept/Reference Based (SCR); Sense of Control over Performance (CP); and Instructional Mastery (IM).

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

The Motivation for Schooling items measure student reactions to past school experiences as they affect motivation for school. In other words, MS tells us that how students feel about school may affect how hard they work and how much they value schooling. Self-Concept Performance identifies student confidence in academic abilities, while Self-Concept Reference reflects the way students perceive how “significant others” view their school performance. The Control over Performance items are designed to assess the students’ sense of control over school events, such as grades, promotions, etc. Finally, the IM category reflects how the students perceive their actual school skills.

There were no significant differences between pretest and post-test scores on the SAM. However, “Sense of Control over Performance” showed a significant difference ($p=0.03$) between the two groups, where the Decision Making students (Treatment Group One) scored 55.00 and the Supervised Study students (Comparison Group One) scored 59.63.

There were no significant within-group differences for either the Decision Making students or the Supervised Study students.

TABLE 17
Between-Group **Analysis of School Attitude Measure for**
Treatment Group One and Comparison Group One
At the End of Their Intervention Semesters
First Semester Students: Fall 1989

Group	N	MS	SCP	SCR	CP	IM
Decision Making	35	52.46	47.50	47.57	55.00	48.29
Supervised Study	35	53.20	48.80	46.89	58.63	48.80
Probability		0.77	0.63	0.76	0.03*	0.82

*Significant difference, N=Number of students.

The Teacher/Counselor Questionnaire was developed by the June Burnett Institute to assess changes in student behavior perceived by the teachers of the Decision Making students Treatment Group One and Supervised Study students in Comparison Group One on a **pretest/posttest** basis.

This instrument contains 69 items, which fall into 9 behavior categories, including: Motivation and Attitude, Relationships, Self-Concept, Self-Control, General Social Skills, Rules and Regulations, School Behavior, Future Career Aspirations, and Job Aspirations. The Teacher/Counselor Questionnaire allows teachers and counselors to rate their students on a **6-point** scale, ranging from “unknown” to “excellent.”

Three teachers from SDHS were asked to rate these students. One teacher had responsibility for the three sections of the Decision Making class curriculum and the other two were assigned to monitor the six sections of Supervised Study class. Therefore, any inferences to be made are limited by the number of respondents.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Twenty-seven of the 69 items showed significant differences between the two groups of students. Analysis of the items in which a significant difference was observed shows that the Supervised Study teachers perceived a positive change in student behavior over perceived changes in student behavior by the Decision Making teacher.

Within-group comparisons for the Decision Making students and the Supervised Study students were based on the average teacher rating for individual items. Item averages were **determined** by adding the numerical value of each item and dividing by the total number of items. The average obtained on the pretest was then compared to the average obtained for the **posttest** for each group of students participating in the study.

Decision Making students were rated as follows:

Pretest: 1.13 Posttest: 1.28

There were no significant differences noted by the Decision Making teacher on the 69 test items.

Supervised Study students were rated as follows:

Pretest: 1.28 Posttest: 2.72

Significant improvement was perceived by the two teachers of the Supervised Study students on 50 out of the 69 items.

The answers to the Teacher/Counselor Questionnaire were also analyzed to determine whether the teachers perceived positive or negative movement by the student on individual items. Positive movement is defined as an increase in rating from the pretest to the **posttest** period. "Same or No Change" indicates that the same teacher rating was given on the pretest and the **posttest** questionnaires. Negative movement is defined as a decrease in rating from the pretest to the **posttest** period.

Analysis for positive movement indicates that teachers of the Supervised Study students perceived improvement 30 percent more often than did the teacher of the Decision Making students.

The overall pretest and **posttest** ratings for Decision Making students remained at the "Very Poor" level. In comparison, the teachers for the Supervised Study class perceived overall improvement in behavior from the pretest to the posttest, up from "Very Poor" to "Poor." Decision Making students were rated as having "Same or No Change" 20 percent more often than were the Supervised Study students.

Analysis for negative movement indicates that the Decision Making students were perceived as worsening in behavior twice as often as the Supervised Study students (20% vs. 10%).

TABLE 18
Between-Group Analysis of Teacher/Counselor
Questionnaire
First Semester Students: Fail 1989 Intervention.
Direction of Movement Summary

Direction of Movement		<u>Treatment Group One</u>		<u>Comparison Group One</u>		Total
		Number	Percent	Number	Percent	
Negative	N	47	20%	235	10%	706
	Mean	7		4		11
Same	N	1,296	56%	819	36%	2,115
	Mean	19		12		31
Positive	N	566	24%	1,244	54%	1,810
	Mean	9		19		28
Total	N	2,333	100%	2,298	100%	4,631
	Total	35		35		70

Note: Column totals (2333 versus 2298) for the two groups are not equal because questions 11 and 42 relate to the Pre-employment Training instructor. These questions were not applicable to the Supervised Study students and were not included as part of the analysis. N = Total number of responses by Direction of Movement category across behavior category. Percent = Direction of Movement N/Total (N = 471/2333 = 20%). Mean = Average number of youth by Direction of Movement category across behavior category (Total/Direction of Movement N = 35/471 = 7).

Given the remarks of the Social Worker at the time of the Exit Interview, the evaluators have substantial reason to believe that the results from the Teacher/Counselor Questionnaire might have reflected a much different picture had the Social Worker (as well as the Decision Making classroom teacher) completed the Questionnaire.

In the future, the evaluators will attempt to have two direct service/teaching personnel complete this questionnaire. This will allow an opportunity to verify the validity of responses.

Promotion/Retention Analysis

Due to attrition, the initial 51 matched pairs of students declined to 35 after the intervention semester and 24 after the follow-up semester. Promotion and retention analysis was based on the 24 matched pairs who completed the follow-up semester. Most missing records in both Treatment Group One and Comparison Group One were deleted by using the 24 matched pairs sample.

An "average" student is generally enrolled in six classes a semester, which translates into six course credits per semester. To be on target an average student will usually have 12 accumulated credits by the end of 9th grade and 12 additional units by the end of 10th grade, etc. The minimum number of units required

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

to graduate with a high school diploma is 44. The District's Promotion/Retention Policy was formulated to determine the approximate (social) grade level of students who fall substantially behind the progress anticipated for an average student. The Policy indicates the minimum **number** of credits a student must have to be considered to be at a specific grade level.

For the sake of consistency, the analysis in this section is based only on the total number of required credits as specified in the School District's Promotion/Retention Policy. A review of cumulative credits as of the baseline period revealed that some of the "at risk" students in the sample were apparently technically ineligible to be enrolled in the "social grade level" at which they were originally placed during the baseline period. This required the evaluation team to reclassify students to their "technically appropriate" grade levels according to cumulative credits earned, rather than their social grade level as established at the time students were placed into classes.

TABLE 19
Significance Test of Group Means
Using Twenty-Four Matched Pairs

Group	N	Mean	t-value	df	Probability
Treatment Group One	24	0.5417	-0.46	45	0.651
Comparison Group One	23	0.6087			

As shown in Table 19, neither Treatment Group One nor Comparison Group One showed a significant difference in retention and promotion rates as of the end of the follow-up semester, although Comparison Group One had a slightly higher percentage of students promoted than did Treatment Group One.

It is worth noting that both Treatment Group One and Comparison Group One experienced some movement. Fifty-four percent of the students in Treatment Group One were promoted, while 46 percent were retained. Fifty-eight percent of the students in Comparison Group One were promoted, while about 38 percent were retained.

IV. Findings and Recommendations

This section summarizes the key findings of the **evaluation** and links them to project objectives. Subsection A summarizes the findings drawn **from** the quantifiable data, and Subsection B summarizes the qualitative information obtained from the project administrators and direct service staff through written questionnaires and in-depth exit interviews. Subsection C provides recommendations of the evaluators for possible future service and evaluation activities.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

A. Findings - Quantitative

Objective 1: That students (from AFDC families) in the treatment group will be employed more consistently and regularly than comparison group students (from AFDC families), demonstrating the ability to break the cycle of poverty.

On average, Treatment Group One students (Decision Making) were employed more hours per week than Comparison Group One students (Supervised Study). Among AFDC students, those assigned to Decision Making began with fewer hours worked per week, but surpassed the Supervised Study AFDC students halfway through the first intervention semester during Fall 1989. Except for the seventh follow-up period, this evidence provides strong support for Objective 1.

Objective 2: That the hourly pay of students in the treatment group will be higher than that of comparison group students.

Treatment Group One students (Decision Making) earned a higher wage for seven follow-up intervals of the employment tracking study than Comparison Group One students (Supervised Study). This evidence moderately supports the achievement of Objective 2.

The average hourly wage of students from AFDC families was equivalent for students in both the treatment and comparison groups in the first intervention semester. One caveat is that Treatment Group One students (Decision Making) were already earning a higher wage at intake than Comparison Group One students (Supervised Study). This discrepancy in average hourly wage was consistent throughout the employment tracking study.

Objective 3: That the hourly pay of students in the treatment group will increase at a greater rate than the hourly pay of comparison group students.

The average wage per hour actually declined for both groups of students over the seven tracking periods. Wages were higher at intake than they were at the end of the employment tracking study. During the first 9 months of the employment tracking study, two students in the Decision Making class earned an increase in salary, while only one student in the Supervised Study class earned an increase in salary over the same period of time, weakly supporting Objective 3.

Objective 4: That students in the treatment group will improve in academic achievement to a significantly greater degree than the comparison group.

At the baseline, Comparison Group One had a significantly higher mean GPA than did Treatment Group One. The baseline GPA was 1.15 for Decision Making students as compared to the baseline GPA of 1.66 for Supervised Study students.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

No significant gains in GPA were shown by either Treatment Group One (Decision Making) or Comparison Group One (Supervised Study) between the end of the baseline semester (Spring 1989) and the end of the intervention semester (Fall 1989).

For Treatment Group Two (Spring 1990), there was a significant increase in GPA between the baseline period and the end of the Intervention Semester when compared to both Treatment Group One and Comparison Group One (Fall 1989).

Objective 5: That a significantly higher percentage of students in the treatment group will be passing all courses with a grade of D or better by the end of the intervention semester and by the end of the semester following intervention.

A marginally significant difference ($p = 0.07$) was found in academic credits earned at the end of the baseline semester (Spring 1989) between Treatment Group One (Decision Making) and Comparison Group One (Supervised Study).

A significant gain in academic credits earned was shown by Treatment Group Two (Second Semester Intervention) in comparison to Treatment Group One as of the end of the intervention semesters.

Comparison Group One had a significantly higher number of cumulative academic credits throughout all three semesters of the study than did Treatment Group One.

No significant difference in cumulative credits earned was found between the end of the baseline semester (Spring 1989) and the end of the intervention semester (Fall 1989) for either Treatment Group One or Comparison Group One.

A significant gain was shown by Treatment Group Two in the number of cumulative academic credits earned from the baseline period to the end of the intervention semester.

Objective 6: That the citizenship grades of students in the treatment group will improve to a significantly greater degree than citizenship grades of the comparison group.

At the end of the baseline semester (Spring 1989) and at the end of the intervention semester (Fall 1989) there was a significant difference between Treatment Group One (Decision Making) and Comparison Group One (Supervised Study) with students in Comparison Group One reported as better behaved than those in Treatment Group One.

For Treatment Group One and Comparison Group One, there were no significant differences shown within either group between the end of the baseline semester (Spring 1989) and the end of the intervention semester (Fall 1989).

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Objective 7: That attendance of students in the treatment group will improve to a significantly greater degree than attendance of the comparison group.

There was a significant difference in absence rates between Treatment Group One and Comparison Group One, when comparing the end of the baseline semester (Spring 1989) **with** the end of the intervention semester (**Fall** 1989). Treatment Group One had an average of 70.80 absences at baseline, and 83.46 at the end of the intervention semester. Comparison Group One had an average of 44.86 absences at baseline and 62.00 during the intervention semester.

No significant within-group increase was found in the absence rates of Treatment Group One students (Decision Making) from the end of the baseline semester (Spring 1989) to the end of the intervention semester (**Fall** 1989). However, Comparison Group One students (Supervised Study) did show a significant increase in absence rates (decrease in attendance) during **the** same period.

A comparison of Treatment Group Two with Treatment Group One, showed significant differences in the number of unexcused absences between these groups. Treatment Group Two students accumulated significantly more unexcused absences at the end of both the baseline and intervention semesters (**p** = .03, $p = 0.01$).

Objective 8: That the self-concept of students in the treatment group, as measured by the Scott Foresman SAM, will improve to a greater degree than the self-concept of students in the comparison group.

Using the SAM, the category called "Sense of Control Over Performance" underscores an important characteristic that differentiates these two relatively comparable groups of students. Youth profiled by the entrance criteria for Treatment Group One (Decision Making class) did not feel that they had control over school-related events. Their sense of social alienation is an important consideration in providing future opportunities for targeted "at-risk" youth to develop and maintain their academic and social skills.

Objective 9: That students in the treatment group will demonstrate a significantly lower number of grade level retentions at the end of the academic year than students in the comparison group.

There was no significant difference between Treatment Group One and Comparison Group One insofar as grade level retentions by the end of the follow-up semester. As anticipated at the start of the project, these students met or exceeded the District's criteria for being "at-risk." Some were enrolled only as part-time students. Many will not be able to graduate without additional summer classes and, in all likelihood, a fifth (or sixth) year of high school.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Objective 10: That students in the treatment group will drop out of school at a lower rate than students in the comparison group.

A review of attrition, shows that 10 students in Treatment Group One are probably dropouts as of the follow-up semester. This includes three who dropped out for adult school, one who dropped out after the student's 18th birthday, three who were incarcerated, and three whose whereabouts were unknown. Comparison Group One had only one student in the same combined categories. This individual dropped out for adult school. This 7:1 ratio suggests that this objective was not met.

Objective 11: That students in the treatment group will show a greater knowledge of preemployment skills than the students in the comparison group by the end of the intervention semester as measured by the Pre-Employment Skills Test.

The analysis of the post-test scores showed a highly significant difference between the two groups of students ($p = 0.00$). At the pretest, Treatment Group One (Decision Making) averaged 60.14 and Comparison Group One (Supervised Study) averaged 67.31. At the posttest, Treatment Group One students averaged 87.60 points and Comparison Group One students averaged 71.89 points. Within-group comparisons show that the Decision Making students significantly **raised** their scores on the Pre-Employment Skills Test, while Supervised Study students did not. This analysis shows that the employment education Objective 11 has been met.

Objective 12: That teachers/counselors will observe greater improvement in the treatment group students in such areas as self-esteem/self-concept and behavior than the comparison group between the beginning and end of the intervention semester.

The Teacher/Counselor Questionnaire includes questions that are deemed difficult for some classroom teachers to answer. Many items focus on such issues as the student's self-perception, and family, and peer relationships, and other affective issues. Only a few items focus exclusively on school and classroom-specific behavior. Many teachers feel they do not have the time to know students well enough to be able to knowledgeably answer such questions. The three classroom teachers tended to feel that items on the Teacher/Counselor Questionnaire were relatively unanswerable - except for a few instances where the teachers knew the students fairly well. However, it is interesting to note that four items under the category of General Social Skills were rated as worse on the posttest.

At the end of the baseline semester (Spring 1989), there was no significant difference in referral rates between Decision Making students in Treatment Group One students and the Supervised Study students in Comparison Group One. However, by the end of the intervention semester (Fall 1989), a significant difference was found between these two groups in the number of referrals ($p = 0.02$).

No significant differences in referral rates were found between the end of the baseline semester (Spring 1989) and intervention Fall 1989 semester for either group of students.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

B. Findings - Qualitative

Strengths/Weaknesses of the Case Management Team Approach

Strengths:

- United the staff and made tracking of the students easier.
- Case managers took responsibility for individual students.

Weaknesses:

- A better system of assigning students is needed.
- There needs to be more discussion regarding individual students.
- The Case Management Team would have been more effective if it had concentrated only on the Decision Making students (treatment group) during the second year, rather than serving the entire school.
- The caseload in year 2 was regarded by direct service workers as being too high. Initially, there were four case managers; at the end, there were only two (to contact parents and make home visits).

How the Case Management Team Approach was Helpful to the Students

- Knowing that somebody is monitoring their progress appears to help students perform better.
- The more effective case management services resulting from the Case Management Team showed interest, caring, and concern on the part of workers/school.
- Home visits were regarded by workers as “the best method.” Visits provided a link for the parents to the school, that was regarded as especially important for Hispanic families.
- In the first project year, because the case load was smaller, the students received more individual attention and their progress and attendance were monitored more closely.
- Parents were given a person **with** whom to communicate on an ongoing basis.
- Since the teacher and social workers were talking to each other almost daily, the students didn’t really have a chance to get too far off track before something was said.

How the Case Management Team Approach Helped Staff

- It generated greater clarity among staff as to what was a priority and what was expected of them.
- It provided all staff with better information and insights on how to deal with students and their problems.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Changes in the Project Methodology (Other than the Case Management Team Approach)

- In the first year, the social worker responsible for employment education was in the classroom with the Decision Making teacher. Her presence was beneficial to the class and she had good rapport with the students.
- Students in the Decision Making class were regarded by service staff as a very difficult group for one person to work with alone. They recommended that two people work in the classroom.
- In the second year of the project, services were extended to the entire school population. When this occurred, the caseworkers felt stretched beyond their capacity.
- Administrative and direct service **staff tended** to see the second and third semesters of the project as the most successful, while the first and last semesters were regarded as the least successful.
- During the last (fourth) semester of the project (Spring 1991), there was a major revision of the Decision Making curriculum. Responsibility for "in-class" instruction was shared with the Greater Avenues for Independence (GAIN) program at City College, located next door to SDHS.

Most Significant Occurrences During the Life of the Project (Best/Worst)

- **An influx** of new students in 1989-90 resulted in very limited space, making working conditions at SDHS less than optimal for social workers. For example, the County DSS Case Manager was quartered in a supply closet.
- The best things included:
 - Adding the social worker responsible for job development
 - Developing a Case Management Team Approach
 - The teamwork among caseworkers at the project site.
- Broadening the staff by including two social workers appeared to give the project better definition and improve services.
- Social Workers perceived high school students and staff to be more aware of their services at the school during the second year.

The Greatest Successes of the Project

- Staff saw the project as a success in helping students to achieve in the labor market.
- Staff thought students stayed in school and the partnership worked well.
- It was generally felt that, for this group of students, simply staying in school was an accomplishment.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Suggestions for Future Direct Service Projects

- It is important to establish clear goals and objectives, common definitions, common training, and cross-training of professional disciplines.
- According to project administrators, it is important to have your priorities and service delivery strategies planned in advance and conveyed to staff.
- All staff need to have a sense of the overall “big picture.”

C. Recommendations for Future Service and Evaluation Activities

1. To overcome natural professional and institutional differences and achieve good coordination of a partnership, the implementation team needs to establish common goals and objectives. This may be accomplished through both planning meetings and training workshops. For example, the Case Management Team Approach implemented in Spring 1990 was the product of the first workshop, which carried throughout the entire life of the YSS Project. If this project is continued, it could be strengthened by:
 - Increasing the number and regularity of project oversight meetings
 - Including direct service staff in the oversight meetings
 - Conducting quarterly workshops for clarification of goals and objectives.
2. To strengthen the educational and service programming for high-risk students enrolled at SDHS, it is recommended that staff of SDHS and the County of San Diego refine the design of the Decision Making Class incorporating the refinements identified by the project during the first 2-year project period. Specifically this would entail:
 - Developing greater consistency in implementing the key aspects of the course to assure provision of tutoring and study skills, life skills instruction, preemployment training, and relevant testing (such as occupational interest and achievement).
 - Experimenting with providing the course later in the day (mid- afternoon), a time at which higher risk youth are usually more effective.
 - Placing more stress on a counseling classroom model than on an instructional model (to include intensified contact with families through home visits).
3. Both the County of San Diego and SDHS have indicated a desire to continue the Service methodology involving a combination of Decision Making class, preemployment skills training, job placement, and supportive social services using a Case Management Team Approach.

CHAPTER 10. PARTNERSHIP FOR YOUTH SELF-SUFFICIENCY

Assuming that these services will continue, it would be desirable from an evaluation perspective to continue following all students enrolled in the first treatment and comparison groups (Treatment Group One and Comparison Group One) as well as treatment group students enrolled in semesters 2 and 3 in order to identify:

- the percentage of students who graduated on schedule
- the percentage who graduated nearly on schedule
- the percentage of students who became employed without graduating and
- the percentage lost by the educational/employment systems altogether.

Such a **followup** should provide valuable information on the effectiveness of the Decision Making class as originally designed.

4. In addition to a longitudinal **followup** of graduation success among students enrolled in Treatment Groups One, Two, and Three, the evaluators are interested in studying the new variation of the Decision Making class, labeled "DM-'92." It would be worthwhile to compare the progress of students receiving this intervention with the progress of students enrolled in Fall 1989, Spring 1990, and Fall 1990 (Treatment Groups One, Two, and Three). For the purposes of tracking through academic records, there are now two groups of students who can serve as comparison groups. Comparison Group One (Fall 1989) did not receive any of the benefits of the intervention group. Treatment Group One did receive the complete employment training intervention. However, it did not receive the full complement of services received by Treatment Group Two (Spring 1990). Thus, both of these groups can serve as a baseline for comparison purposes.

D. **Conclusions**

The findings of this study show that the Partnership for Youth Self-Sufficiency service model developed and implemented by the County of San Diego in conjunction with SDHS has potential for future adaptation and replication with comparable "at risk" high school populations.

The evaluation team concurs with the project staff regarding the value (impact) of interdisciplinary training of the staff who provide services through a collaborative model.

Chapter 11

At-Risk Youth Demonstration Project

Yolo County Community Partnership Agency

Yolo, California

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

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Woodland, California 95695

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Project Type: Early Intervention for High-Risk Youth

Project Title: High-Risk Youth Demonstration Project

Model: Randomly Assigned Control Group

Project Period: July 1989 through August 1991

I Background

A. Purpose of the Program

The High-Risk Youth Demonstration Partnership Project was administered by the Yolo County (California) Community Partnership Agency (CPA) during the 1989-90 and 1990-91 academic years. This project was **funded** through the U.S. Department of Health and Human Services, and included as partners the Washington School District, the Yolo County Department of Probation, and the Yolo County Department of Social Services. The purpose of the project was to increase the number of high-risk youth who graduate from high school and enter the labor market with basic educational, personal, and employment skills; in this **way, both** the personal and social costs associated with school dropouts might be reduced. The specific hypothesis presented was that student participation in this project results in:

- a) higher self-esteem
- b) higher academic achievement
- c) greater success in the labor market

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

The project introduced 24 high-risk students to a 190-hour self-esteem building/motivational curriculum that was combined with the academic curriculum in place at Yolo High School in West Sacramento, California. Classes were conducted with more of a participant-centered approach to learning than was the norm in existing classrooms. The students were also provided with ongoing (individual and group) personal, academic, and career counseling. Other components of the project included preemployment skills training, counselor home visits, and a full spectrum of Job Training Partnership Act (JTPA) services available through the grantee.

B. Description of the Program

Yolo County is a rural county that is large geographically (approximately 20 small communities), but is relatively small in population (125,000 population with the majority residing in four population centers). The county is adjacent to the City and County of Sacramento, a large metropolitan area which is the State capital. School districts within Yolo County have reported an increase in the incidence of truancies, delinquent behavior, and school dropouts that reflects trends in the rest of the State. It has become public knowledge that nearly 30 percent of California's youth drop out of school. Yolo County has not been immune to this trend.

The purpose of the Yolo County High-Risk Youth Demonstration Partnership Project has been to increase the number of high-risk youth who graduate from high school and enter the labor market with basic educational, personal, and employment skills; in this way, both the personal and social costs associated with school dropouts might be reduced.

C. Target Population

The Yolo County High-Risk Youth Demonstration Partnership Project was designed on the belief that students who are behind academically demonstrate low self-esteem and lack the motivation necessary to complete school. Without an increase in self-esteem and self-motivation, academic skills will not be learned; in turn, low academic skills, self-esteem, and motivation reduce the probability of high school graduation and future labor market success. Project administrators felt that building self-esteem and increasing motivation would lead to the remaining expected outcomes. This project has been an attempt to provide this stepping stone for students enrolled in Yolo High School, an alternative or continuation high school in Yolo County. These students are referred to Yolo High School by the Washington Unified School District, the court system, city and county law enforcement agencies, or other county agencies responsible for disadvantaged or high-risk youth.

The project introduced these students to a 190-hour self-esteem building/motivational curriculum that was combined with the academic curriculum in place at Yolo High School; classes were conducted with more of a participant-centered approach to learning than was the norm in existing classrooms. The students

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

were also provided with ongoing (individual and group) personal, academic, and career counseling. Other components of the project included pre-employment skills training, counselor home visits, and a full spectrum of **JTPA** services available through the grantee, the Yolo County Community Partnership Agency.

'The target population for this project was high-risk youth between the ages of 16 and 18 years, who were attending Yolo High School in the Washington Unified School District. For purposes of screening students for inclusion in the project, high-risk youth were defined as being youth exhibiting two or more of the following characteristics:

- Frequent absences or truancy
- Pregnancy or marriage
- Criminal activities
- Financial disadvantage
- Dislike of school, classes, or teachers
- Lack of basic academic skills
- Disciplinary problems
- Low self-esteem
- Emotional or physical problems
- Feelings of alienation
- Drug and/or alcohol abuse
- Deficient in academic credits

D. Research Significance

Recall that it was hypothesized that the interventions used in this project would result in:

- a) higher self-esteem
- b) higher academic achievement
- c) greater success in the labor market

The relevant outcomes as well as measurement methods or instruments that are employed in this evaluation to test these hypotheses are reviewed below.

- a) Self-esteem is measured with the Coopersmith Self-Esteem Inventory (SEI). The **SEI** is a **50-item** measure based on the student's self-attitudes concerning four major areas: peers, parents, school, and personal interests. In order to base conclusions on a comprehensive measure of self-esteem, students' total **SEI** scores only are examined; subscores on the four self-attitude areas are not reported.

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

To a certain extent, self-esteem, along with the potential for academic success, is also being measured with the Scott **Foresman** School Attitude Measure (SAM). The SAM examines five dimensions of student attitude, including motivation for schooling, academic self-concept based on self-perception, academic self-concept based on others' expectations, sense of control over performance, and instructional mastery. **This** scale reflects the student's feelings toward school, schoolwork, peers, teachers, and parental expectations; and thus also reflects the student's perception of self. In addition, **this** scale will help indicate changes in a student's potential to succeed academically, since potential for success is, in part, a function of the student's perceptions of that potential.

The Coopersmith **SEI** and the Scott **Foresman** SAM were given to all eligible students **preintervention** along with a Student Questionnaire designed to generate socioeconomic and other background information. The Coopersmith Inventory was administered again in May 1990 near the end of the academic year in order to provide a means of analyzing changes in self-esteem for **the** purposes of an interim evaluation. The **SEI** and SAM were administered again in May 1991 at the program end.

- b) Higher academic achievement is measured with:
 - i) Grade point average • semester grade point average (based on a four point scale; "A" = 4.0) as well as cumulative grade point average was collected each semester beginning in the 1988-89 (preprogram) academic year and over the duration of the project.
 - ii) Attendance - unexcused absences as a proportion of days in which the student was registered to attend. This was collected quarterly beginning in the 1988-89 (preprogram) academic year and over the duration of the program.
 - iii) Units completed • course units completed toward graduation were collected each semester beginning in the 1988-89 (preprogram) academic year and over the duration of the program.
 - iv) Graduation • fulfillment of the requirements for the California High School Diploma, General Educational Development degree (G.E.D.), or High School Proficiency was noted at the end of the program.
- c) Greater success in the labor market was measured and examined in August 1991, following the 1990-91 academic year (ending-year of the program) when the pre-employment skills component of the curriculum was implemented. Labor market success is measured with:
 - i) Employment status • whether the student is employed or unemployed as of August 1, 1991, and whether that employment is full or part-time.

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

- ii) Employment duration - duration of employment in present position.
- iii) Employment history - which included i) and ii), above, for any other positions of employment held since **June** 1, 1989.

These measures compile a comprehensive employment history and allow an examination of, not only present and past employment, but a student's potential for future labor market success.

Interventions

The specific needs of the students in this project were addressed by combining the available resources and curriculum in place at Yolo High School with the interventions being tested. As an alternative, continuation school, Yolo High School is located separately from the district's mainstream high school; Yolo High School has its own teaching staff, principal, and a part-time counselor whose duties are primarily scheduling and academic counseling. The curriculum at Yolo High School is comprehensive in that a student can complete all basic requirements for high school graduation; the curriculum, however, does reflect the skill level of most students in that it is basic, remedial, and lacking in electives. Students are not in a single classroom situation, but move to subject classes in various classrooms with different faculty members throughout the school day. Class sizes nominally ranged from 20 to 30 students; however, taking the low levels of attendance into account, the effective class size observed in nonproject classes would be closer to 10 students. The one positive aspect of this is that small effective class sizes allow for a more individualized approach to instruction.

Students in this project received several interventions beyond those available to nonproject students at Yolo High School.

- a) A **190-hour** self-esteem building/motivational curriculum. Students received instruction in and explored nine key areas that have been identified as critical to the social, emotional, and academic development of high-risk youth. These areas include differing life styles, **values** clarification, **self-esteem**, effective communication skills, self-responsibility, handling conflict, coping with stress, exploring careers, and goal setting. **This** curriculum included field trips, as well as in-class activities, and was taught by the project counseling staff.
- b) 60 hours of instruction in preemployment skills/work maturity. The focus of this curriculum is on the acquisition of skills necessary to successfully enter and remain in the work force. These skills include, but are not limited to, writing a resume, filling out applications, job interviewing, job hunting, personal habits, and on-the-job behavior. This curriculum was taught by project counselors and a youth employment specialist on the CPA staff.

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

- c) In-depth individual and group counseling beyond the scheduling/programmatic counseling offered preproject at Yolo High School. Counseling staff focused on issues identified above as being major barriers to student growth and development. The issues raised during counseling sessions ranged from academic advising through the full set of potential personal crises, including but not limited to, physical and sexual abuse, drug and alcohol dependency, pregnancy, contemplation of suicide, and difficulties with the criminal justice system. Group counseling focused primarily on the group as a whole or on gender-specific groups.
- d) Home visitations. Counseling staff visited students at their place of residence for several reasons including chronic truancy, observation of the home environment, the need to interact with parents or guardians, a severe crisis where the student required additional counseling services, and maintaining contact with students during nonschool holidays and vacations. For reasons of personal security, all home visits were conducted by the two project counselors as a team or by a counselor accompanied by a CPA youth employment specialist. If a second staff member was not available, a “home visit” was made by telephone.
- e) Student (or participant)-centered approach to learning. As noted above, classes at Yolo High School are taught on a relatively individualized level due in part to the effective class size. Students move from class to class and have one teacher per class per subject area. Students in this project, however, remained together as a group in one classroom for four periods each day through the first year and two periods each day during the second year of the project. During this multiperiod time slot, a combination of the usual academic curriculum and the interventions of the project were presented by a Yolo High School faculty member, project counselors, and CPA staff. The primary instructional approach used during this time slot was student- or **participant**-centered • a group instructional method where the teacher and counselors become the facilitator of a dynamic group learning process. The students were encouraged and became active participants rather than passive learners. This approach was used in order to attempt to aid in the development of higher student self-esteem and self-motivation.

It should also be mentioned that many of the students in the project received additional **JTPA** services from the CPA beyond the interventions discussed above. These services were primarily employment preparation programs, including tryout employment, summer work experience, and on-the-job training. However, these services are not viewed as an intervention of this project as **JTPA** services were available to all Yolo High School students and were not solely reserved for project youth.

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

E. Participant Characteristics

Two subject groups were established for the purposes of this project; an experimental group exposed to the interventions, and a control group that continued with the traditional class structure and curriculum offered at Yolo High School. A discussion of the selection of these two groups follows.

One hundred and thirteen youths were **identified** as eligible for the program during the first two months of the 1989-1990 academic year. This Z-month lead time prior to the implementation of the curriculum was necessary because of a number of realities associated with alternative or continuation high schools and the student population at which this program was aimed. These realities include:

- a. The majority of returning students in any school year do not return to school at the start of the academic year. The nature of the summer employment (primarily agriculture) available to youth in this region and general apathy toward school appear to be the best explanations for this phenomena.
- b. Because of this drawn-out return to school, school administrators are unsure at the beginning of the academic year about how many students are, in fact, going to return. Including this relatively large number of nonreturnees would have led to an illusion of adequate sample sizes.
- c. The majority of new students registering at this school are referred by the local high school. These referrals occur primarily at the end of the **first** quarter and again at the end of the first semester of each academic year; thus, building the eligible population after 2 months made it possible to build a larger sample by including new students as well as continuing students.

The youths identified as eligible for the program had **five** characteristics in common:

- i. The youths were all students enrolled at Yolo High School, an alternative continuation high school within the Washington Unified School District, West Sacramento, CA.
- ii. All students had the potential to graduate by program end.
- iii. All students were subject to the educational requirements of the State of California and Washington Unified School District.
- iv. All students were between the ages of 16 and 18 years of age at the project start.
- v. All students fit the definition of “high-risk youth” as presented in the Target Population section of this evaluation.

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

The eligible youths were then ordered by a random process and placed on a list reflecting this ordering. The first 30 students **from** the list were assigned to a class designated as the experimental group, while the remaining 83 students were initially assigned to other classes as they normally would have been; these students constitute the controlgroup. Class size at this school site may vary over time between 20 and 30 students depending on enrollments and budget resources; class size this year began near 25. Thus, it was expected that attrition would reduce the program group to 25 students. It was expected that the control group would suffer from this same type of attrition (due to family moves, transfers back to the mainstream high school, transfers into an **independent** study program or adult education at age 18, etc.) which constituted neither continuation in the program nor dropping out. Students were transferred into the experimental class and the intervention aspects of the program were implemented during the week of November 6, 1989.

That the students found to be eligible for this project qualified under the definition of high-risk youth given above is not surprising; this is a population in need. For the most part, these students face family violence, health problems, drugs and alcohol, and problems with the school and court system while armed with a fragmented support structure, few (actual and potential) financial resources, little time to establish roots, and a lack of academic and personal skills. Seventy-five percent of the students come from **non**-intact households, about one-third reside with their father. They have moved an average of 2.1 times in the 3 years preceding the project; 20 percent live with friends. Ten to 20 percent of their parents are unemployed; 40 percent work as unskilled laborers. Parents average slightly less than a high school education. About half of the students ate nothing for breakfast on the day they completed the questionnaire; more than 10 percent had nothing for dinner the previous night. Forty percent of the students have drug and alcohol problems in the home, the same proportion have family health problems, and approximately 25 percent live with family violence. Observations by the project counselors from home visitations indicate not only a lack of role models (e.g., one father watching television cartoons and drinking beer at 10:00 am.), but also signs of illegal activity (e.g., drug use, drug sales, and prostitution) among some families.

Before any examination of the outcomes of this project can proceed, it is important to investigate the legitimacy of the samples generated and the sampling process used in this analysis. Recall that the sampling process used was random in nature, thus the expectation is that there would be no significant differences between the experimental and control groups before the onset of the interventions. Of the 109 variables examined by the student questionnaire, results on 99 of the variables showed no statistically **significant** differences between the experimental group and the control group. Those variables showing a significant difference between the treatment and control groups are shown in Table 1 (results given are means or proportions):

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

TABLE 1
Participant Characteristics

<u>Variable</u>	<u>Results Exp/Control</u>	<u>Significant Level of Difference</u>
1. Total Generations Per Household	2.17 / 2.04	.1
2. How Often Absent Parent Seen	50.1 / 96 times/yr	.1
3. Previously Attended River City High School	36.4% / 64.6%	.05
4. Favorite Subject In School (Physical Ed)	0.0 / 26.1%	.01
5. Parent Education Level - Mother	11.9 / 12.8 yrs	.1
6. Parent Education Level - Father	11.0 / 12.9 yrs	.05
7. Parents' Occupation - Mother (Unemployed)	21.0% / 6.0%	.1
8. Parents' Occupation - Mother (Professional)	0.0 / 16.0%	.1
9. Last Important Talk With Parent (Days Ago)	139 / 288	.1
10. Main Emotional Supporters (Nobody)	22.0% / 7.0%	.1

The fact that these differences are statistically significant may indicate that some bias is present in these samples. Thus, any difference in outcomes could be a result of this bias rather than a result of the program interventions. However, an *a priori* examination of these 10 variables yields mixed results. On one hand, numbers 1, 4, and 9 would appear to bias experimental group results upward; these factors seem to favor experimental students over control students with respect to academic, personal, and employment success. Numbers 2, 5, 6, 7, 8, and 10 would appear to work in the opposite direction, suggesting that experimental students are starting at a deficit relative to control students. That these factors appear to work in opposite directions combined with the possibility that these factors may have little or no effect on the outcomes at all tend to argue in favor of the validity of the sample. It is felt that a legitimate statistical analysis can be generated using these samples.

F. Partnerships

The Yolo County (CPA in conjunction with Washington Unified School District, the Yolo County Probation Department (YCPD), and the Yolo County Department of Social Services, formed a partnership that was responsible for the implementation of the project. The project also had the support of the Yolo County Private Industry Council (**YCPIC**), the Board of Trustees of the Washington Unified School District, and the Yolo County Board of Supervisors, who are the respective governing bodies of the partners.

The Yolo County CPA is both the Community Action Agency, Administrator of the Community Services Block Grant funds and the administrative entity for all JTPA employment and training programs in the county. The agency administers an **annual** budget of over \$3 million with more than 30 percent of the base JTPA allocation spent on youth. Historically, CPA has had a strong commitment to at-risk youth

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

populations including an ongoing relationship with the Yolo County Superintendent of Schools to **provide** personal counseling, preemployment skills training, Summer Youth Employment, and other employment and training to students in community court schools; students in these schools have been unable to cope with either traditional, main-stream or alternative, continuation school environments. CPA has also provided similar services in the past to at-risk students at Yolo High School in the Washington Unified School District; these services have been provided under CPA's **JTPA** service umbrella.

The Washington Unified School District has jurisdiction over Kindergarten through 12th grade education in the eastern portion of Yolo County including the city of West Sacramento. West Sacramento is geographically isolated from other major population centers within the county. It houses an ethnically diverse population including large concentrations of Hispanics, Southeast Asian refugees, and ethnic Russians. The area was recently characterized by the Yolo County Planning Agency as blighted with deteriorated buildings and undeveloped and underdeveloped pieces of land **These** conditions have combined to result in high unemployment, high crime rates, increasing gang activities, poverty, and a negative image of the area and its residents. Included in the Washington Unified School District inventory of schools is **Yolo** High School, a continuation high school enrolling over 100 at-risk students each year; these students have been expelled from or are unable to continue in the District's main-stream high school. Also housed on the Yolo High School campus are the Yolo Opportunity School for high-risk middle school students, the Independent Study Center for students working at a self-pace to complete high school, and the Teen Age Parent Education Program administered by the Yolo County Superintendent of Schools. Yolo High School served as the site of this High-Risk Youth Demonstration Project.

The Yolo County Probation Department has been operational for 80 years and is known statewide for its innovative, nontraditional approach to case management of probationers. Key to their approach is a joint community corrections concept that has organized a partnership between the county, cities, school districts, and community based organizations. During the course of this project the YCPD received **the** 1990 County Supervisors Association of California Award for their excellence in service delivery. The contribution of YCPD was to assist in the initial screening of students eligible for the project, and to provide the continuing services of a Probation Officer to those student probationers in the project. These services were coordinated with the efforts of the project counseling staff.

The Yolo County Department of Social Services provides comprehensive social services including the administration of Federal, State, and local programs. Among these programs is California's Greater Avenues for Independence Program (GAIN), which is a modified training/work program attached to the Aid to Families with Dependent Children program. Some training components of GAIN have been subcontracted by the Yolo County Department of Community Services (YCSS) to the CPA thus providing an ongoing relationship between the two agencies. The contribution of YCSS to this project was to act as an information base during the initial screening of students eligible for the project.

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

II. Discussion of Findings

A. Impact on Clients

Again recall that it was hypothesized that the interventions used in this project would result in:

- a) higher self-esteem
- b) higher academic achievement
- c) greater success in the labor market

A discussion of these results follows.

Self-Esteem

The measure of self-esteem used for the purposes of this evaluation was the Coopersmith SEI, which was administered to students in both samples preintervention and again at the end of the project and second academic year. When the mean scores on all three exams for the experimental and control group are compared, there is no statistically significant difference (See Table 2).

TABLE 2
Coopersmith Self-Esteem Inventory

	<u>Pretest</u>	<u>Posttest</u>
Control Mean	66.93	70.00
Control Significant Difference	15.62	16.28
Control N	54	10
Experimental Mean	62.50	68.71
Experimental Significant Difference	16.56	20.99
Experimental N	24	14

N= Total number of students

Self-esteem as well as the potential for academic success, was measured with the Scott **Foresman** SAM. As with the **SEI** results, there are no significant differences in either pre- or **posttest** means for the experimental and control groups.

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

Academic Achievement

Four measures of academic achievement were defined for this analysis: student grade point average (A = 4.0), unexcused absences as a proportion of days for which the student was registered, units completed, and graduation or education status at the close of the project. Student grade point averages (semester and yearly) were collected for the 1988-89 academic year (the year prior to the start of the project) as well as for the two project period academic years. There were no significant differences in grades earned by the two samples in either the 1988-89 or 1989-90 academic years. In the 1990-91 academic year (second project year), when control group grades were relatively constant, grades in the experimental group improved dramatically. The difference in the 89/90 to 90/91 change between groups was statistically significant. While cumulative grade point average (GPA) in the control group was virtually the same pre-versus postproject (staying at a D+/C- average with a change of only +.01 grade points), the experimental group over the same period increased grade point average by an average of .62 grade points. This increase amounted to an improvement from a D+ grade point average to a C average.

These results are supported by an analysis of unexcused absences. It is thought that unexcused absences are an appropriate (inverse) measure of academic achievement since time away from the classroom decreases exposure to the academic environment and the learning process. Unexcused absences as a proportion of days registered was collected for all four quarters of the 1988-89, 1989-90, and 1990-91 academic years; there are four results of interest.

In all but the first quarter, the experimental group had better attendance than the control group although the difference is not statistically significant. Prior to the program, experimental students had unexcused absences greater than or equal to the control group in every quarter.

An examination of students in both samples through the six semesters constituting the 1988-89, 1989-90, and 1990-91 academic years shows no significant differences in the mean units completed by the two groups in any semester until the second project year. These results parallel those discussed for grade point average above. In the final year of the project, while the control group was actually completing fewer units than they had in either of the two previous years, the experimental group dramatically increased the number of units completed. The differences between experimental and control were significant for both semesters of the 1990-91 academic year, as well as for the overall change in units completed through the course of the project. At the project, end experimental students were completing an average of nearly 5 units per semester more than in the year prior to the project, while control students were completing four units less per semester than in 1988-89.

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

The final measure of academic achievement is the graduation rate of students in the samples. While both groups graduated four students over the 2-year project period, this amounted to a graduation rate in the experimental group that was more than twice as high as for the control group (see Table 2). More than four-fifths (87.5 percent) of the experimental students had either graduated or were still enrolled in an educational program at the end of the project. **This** compares to just under two-fifths (39.3 percent) of the controls. Thirty-two (57.1 percent) of the original control group students had dropped out of school by the end of the project, while only 2 students (8.3 percent) of the original 24 experimental group members had dropped out of school. It should be added that at the time these data were compiled, 4 of the control group students were incarcerated in prison, California Youth Authority facilities, or local jails; no experimental group students were incarcerated.

TABLE 3
Education Status at End of Project

	Control Group <u>N (Percent)</u>	Experimental Group <u>N (Percent)</u>
High School Graduate	4 (7.1)	4 (16.7)
Attending Yolo High School	5 (8.9)	9 (37.5)
Moved - Enrolled In School	3 (5.4)	4 (16.7)
Transferred - Alternate Education Program	10 (17.9)	4 (16.7)
Moved - No Additional Information	2 (3.6)	1 (4.2)
Dropped Out of School	<u>32 (57.1)</u>	<u>2 (8.3)</u>
Total	56 (100)	24 (100)

N = Total number of students.

Note: Totals may not sum due to rounding.

Greater success in the labor market was measured and examined in August 1991, following the 1990-91 academic year (ending-year of the program). Nearly all of the measures of employment success (in particular employment status, present wage, employment history) favor the experimental group over control students (see Table 4).

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

TABLE 4
Summary of Student Post-Project Employment Status

Status As Of Project End	Control Group N (Percent)	Experimental Group N (Percent)
Presently Employed	18 (50)	17 (74)
Full Time	13 (36)	13 (57)
Part Time	5 (14)	4 (17)
Presently Unemployed	18 (50)	6 (26)
Worked Since Proj. Start	3 (8)	5 (22)
No Work Since Proj. Start	15 (42)	1 (4)
Number of Students Contacted	36 (100)	23

N= Total number of students.

Experimental group students were more likely to be employed, more likely to be employed full-time, and were more likely to have a history of work experience. In fact, 42 percent of the control group had no work history at all compared to 4 percent (one member) of the experimental group.

B. Institutional Impact

The primary institutional impact of this project is that it has been used as a springboard toward the development of a larger partnership that will address the needs of high-risk youth in the West Sacramento, California, area over the next 3 years. This partnership includes the Yolo County CPA, the Washington Unified School District, and the Yolo County Department of Probation - all original members of this project's partnership. The new alliance also adds California State University, the City of Sacramento and the Yolo County Superintendent of Schools. This new partnership has pursued and secured funding from the U.S. Department of Education for the Yolo County At-Risk Youth Partnership Program. The core of the new program is the set of interventions implemented during this project. In addition, the new program will add a tutorial component that places college graduate and undergraduate students in classroom situations working to build basic academic skills, and a comprehensive and ongoing staff training component that will increase both staff awareness of, and skills in dealing with, the problems of high-risk youth. This new partnership has also made strong connections with the City of West Sacramento and the

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

private business community in Yolo County. The partnerships forged and the skills refined in the present project have become the seeds for an even more comprehensive package of services that will be offered to the entire high-risk youth population of West Sacramento.

Operational issues that arose during the course of this project can be sorted into three primary groupings: issues occurring because of the design of, requirements of, or staff interaction with the evaluation component; issues related to the institutional structure of Yolo High School or the partner agencies involved; and issues of staff coordination. These matters are discussed below.

The rigorous requirements of the evaluation design created complications when imposed on a subject group of high-risk youth. Some of these complications were easily dealt with, but some were less easy. For example, as expected, the samples chosen contained an ethnically diverse group of students including approximately 25 percent Hispanic students. Since no existing self-esteem scale was known to have been **normed** against this population, a pretest of the Coopersmith **SEI** was done on a small sample of students at the project start. Upon analysis by the evaluator and project counselors, it was felt that the Coopersmith **SEI** provided results that were consistent with expectations on this student population. **Thus**, the Coopersmith **SEI** was taken as the measure of self-esteem for this project.

Also mentioned above, it was expected that once the sample groups were chosen, some attrition would occur. However, in the 2 weeks following implementation it became apparent that this attrition had been greatly underestimated. Coupled with the fact that the collection of baseline preintervention information on **socio-economic/demographic** characteristics, self-esteem, and school attitudes was delayed by a student population which, on the average at project-start, was absent (unexcused) over 43 percent of the time, this meant that the original pool of 113 students shrunk rapidly. It was decided that **from** November 6 through December 15, 1989, any losses that left the experimental group with less than 25 students were replaced by returning to the original random ordering and transferring the next student on the list (beginning with number 31) into the experimental class.

This transfer-window was seen as necessary in maintaining a sample size large enough to generate a valid statistical analysis; however, transfers beyond this window would have been disruptive to the environment of student-peer disclosure and trust necessary to this project and its interventions. Students not transferred to the experimental class remained in the control group. By the end of this transfer-window; preintervention information had been collected on 24 students in the experimental group and 56 students in the control group; these two groups constituted the samples necessary for the experimental design of the outcome evaluation.

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

C. Replication Issues

Because of the **2-year** time span of this project and **the** transient nature of the population, attrition continued to be a problem. By August 1991, when the final employment data were being collected, 21 of the original 90 students **from** the two samples could not be contacted and were untraceable. Losses due to students graduating, moving, transferring, or dropping out reduced samples on some outcome measures to very small sizes.

Another decision, which was made early on and was relevant to the evaluation, was a **prescreening** of the students eligible for inclusion in the project. Approximately 15 students were screened out of this program because of a history of hard-core drug use and/or violent behavior. **The** curriculum implemented in this program asks students to do much self-evaluation and take personal risks in front of peers. It was thought that this would be more likely than the traditional curriculum to trigger violent reactions in these students could potentially endanger staff and other students. School officials also suggested that it was likely that these students would not be registered in school long enough to be of use in evaluating the effects of this program. Ten additional students were excluded from the eligible pool because they had been exposed to an earlier version of this curriculum offered as a pilot program by the Yolo County CPA at Yolo High School in the 2 years prior to this project.

An additional evaluative concern dealt with throughout the project was the availability of data or at least the timely availability of **data**. Acquiring data on academic outcomes in a school district where record keeping is not yet computerized is a difficult and time-consuming task; acquiring this data in a school with budgetary and staff shortages is all the more difficult. Similar problems were encountered with respect to employment data, where CPA staff conducted an extensive labor-intensive survey of project participants.

The final issue concerning the evaluation component was a philosophical **conflict** felt by many of the staff, at times including the evaluator. The “demonstration” nature of this project necessitated a comprehensive and restrictive evaluation design. However, even at the onset of the project, it was apparent **that** there was a large number of students in great need of services who would not become part of the experimental group and thus would not receive any of the project interventions. **Though** the staff realized that the restrictions of the evaluation design had to remain intact, the inability to offer services to students, especially those who actively sought help, was frustrating. Though this would not be a problem in any future, **non-**demonstration replication of this project, project staff continually dealt with this issue. Conflicts between adherence to design and service provision constituted the bulk of agenda items, especially at early staff meetings; the evaluator, rather than being an observer at these meetings, was often the arbiter of these discussions.

Operational issues also arose because of the institutional nature of the school site and the partner agencies. As discussed above, the major portion of the project’s service delivery component was housed at Yolo High School, where students in the project remained together as a group in one classroom for multiple periods each day. During this time slot, a combination of the usual academics and the interventions of

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

the project made up the instructional curriculum. **The** graduation requirements of the State and of the School District made it necessary to classify each period as a course taken from an approved listing. In the first year, this posed no problems as one period was listed as a social science (psychology) elective and the additional periods were listed as courses within the subject areas taught by the teacher and needed by the students. Psychology was an appropriate choice given the self-exploration and counseling interventions to which the students were exposed.

By the end of the first year, however, students had received as many units in these areas as could be used toward graduation; to continue enrollment in those courses would have been counter to the goal of graduation. **The** choice for the second year was for the classroom teacher to teach courses (for which he was not prepared) the experimental group students needed, or to have another Yolo High School faculty member take on the project for the second year. This was primarily a school-site decision; the project continued in year 2 with a new classroom teacher involved. **The** advantage to this decision was clearly institutional in that it allowed the school and its staff to continue structuring their programs with little disruption or burden on the staff, it might also have been advantageous to add a new perspective to the classroom and to the project. The disadvantage was that the change may have added to coordination problems between school staff and project staff. These are discussed below.

The fact that project services were offered in a school environment also generated concerns over physical space. The Washington Unified School District is located in a community where population growth has been accelerating and in a State where education budgets (especially for construction purposes) have moved in the opposite direction. Thus, Yolo High School is impacted in terms of student numbers and physical space - there is little or no space available for uses beyond existing classes. The experimental group was one class as far as school officials were concerned, and had one classroom at their disposal. Unfortunately, this was insufficient space given the interventions of the project. The counseling component of the project required private space where students would be willing to take the risks necessary for personal growth. Individual counseling sessions proceeded outside, in the hallway, in a counselor's automobile, at nearby eating establishments, or anywhere else where privacy could be obtained.

Midway through the first year, a small office space was partitioned off in the corner of a classroom to provide space for one counselor working at a time; a telephone was added to this office during spring of the first year to facilitate the "home visitations" of the project counselors. Both space and the telephone installation were to have been available at the onset of the project. The space provided was not sufficient for the needs of the project; **consequently**, individual counseling (if more than one counselor was working at a time), some group counseling, and any other project activities not including the entire class were moved to another site or were scheduled for nonschool hours.

The former solution was inconvenient and time-consuming, and the latter was damaging to the program as the level of student participation in nonschool-hour activities suffered heavily. A clear example of the space problem was the student interviews conducted by the evaluator in the duplicating room of the school

CHAPTER 11: HIGH-RISK YOUTH DEMONSTRATION PROJECT

office; it is difficult enough for an “outsider” to gain rapport with students from this population without having to cope with the overpowering smell of duplicating fluid or with teachers entering to obtain paper supplies.

Institutional budgetary problems affected this project in ways beyond the lack of physical space. **The** impoverished state of the Yolo County budget caused problems with the service contribution of the Yolo CPD and the Yolo County Department of Social Services. YCPD was to assist in the initial screening of students eligible for the project, and was to provide continuing Probation Officer services to those probationers in the project. **This** plan remained intact through the first project year, but budget realities forced YCPD to curtail its field services in the West Sacramento area in the second year. Effectively the agency withdrew from the project at that time. **The** contribution of YCSS to this project was to act as an information base during the initial screening of students eligible for the project; but this support was given only sporadically at the onset of the project. Again, this lack of contribution was the result of budget concerns.

The third area in which operational issues arose was staff coordination and cooperation. These were chronic concerns that continued throughout the project period. There appeared to be few problems between staff members employed by or under contract to the CPA; this was not surprising in that there was both an ongoing relationship between these individuals and an existing administrative structure. Interaction between school-site staff at Yolo High School and other project staff proceeded less smoothly.

Discussion of Outcomes

It was expected that the interventions instituted by **this** project would lead to higher self-esteem, higher academic achievement, and greater success in the labor market; it is clear that these expectations were met. While not always statistically significant, experimental group students, as compared to the control group, showed greater gains over the project period in scales used to reflect changes in the level of self-esteem; they also showed greater increases in grade point average, attendance, units completed, and a higher graduation rate. In addition, the experimental group generated a dramatically lower dropout rate, and has exhibited more success in the labor market.

The results are probably even more positive when the attrition bias **due primarily to** dropouts is considered. If the **assumption can be made that** students who drop out of school are **more** likely to be of low self-esteem, more likely to have a low level of educational attainment, and more likely to be unsuccessful in the labor market, then attrition seriously changed the relative nature of the two samples. Recall that over half (57.1%) of the control group dropped out. This implies that, by project end, the only control students still generating grades, units, and (to a lesser extent due to some tracking efforts by project staff) **SEI/SAM** test scores were the nondropouts, which very likely were clustered in the upper end of the original control sample distribution. In contrast, only one member (4 %) of the experimental group dropped out

Chapter 12

Project Independence

City of Alexandria, Department of Human Services

Division of Economic Opportunities

Alexandria, Virginia

CHAPTER 12. PROJECT INDEPENDENCE

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Project Type: Case management, employment training, and housing subsidies were provided to homeless, single-parent families who entered homeless shelters

Project Title: Project Independence

Model: Descriptive Case Study

Project Period: October 1988 to September 1991

I. Background

A. Background

Project Independence (PI) was a 2-year program operated by the Division of Economic Opportunities, Department of Human Services, of the City of Alexandria, Virginia. It was designed to increase the self-sufficiency of a group of homeless, low-income, or long-term welfare-dependent, single-parent families who entered an emergency shelter. The program offered comprehensive community services coordinated through a case management mechanism. Additionally, the program sought to involve absent partners of participating parents.

CHAPTER 12. PROJECT INDEPENDENCE

B. Project Purpose and Objectives

The purpose of the project was to increase the self-sufficiency and housing stability of homeless **single-**parent families. Project objectives were to foster the belief in families that they can take control of their lives, even in the most critical of situations; to encourage and strengthen the family unit by reunification or increased financial responsibility on the part of the absent partner; and to ensure that the family successfully continued in the housing environment provided by the project.

C. Project Description

The project specifically funded rental subsidies and employment training for participants, with the majority of funds allocated for rental subsidies. Project funds were also used to supply required security deposits, application fees, moving expenses, and utility connection charges, if needed.

It was envisioned that each **family** would participate for 16 months in three types of housing. During the first month, the families were housed in a shelter, followed by 3 months in transitional housing. The last 12 months of project participation were in private market housing. Housing costs were subsidized by the project. The rental subsidy contributed by PI decreased over time. PI provided a **100-percent** rental cost subsidy during the first 3 months, an 80 percent subsidy for the next 6 months, and a **50-percent** subsidy for the remaining 6 months that the participants were in the program. As no rental contribution was required of participating families, they were asked to “escrow” or save 30 percent of their disposable income for future housing needs. The escrow account was part of participant’s project contract.

The primary project intervention was case management. Using a combined team and individual approach to case management, team members made key decisions about participants in the project. A unified service plan was developed for PI families when they were in the shelter and services related to family member needs were provided. It was the responsibility of the individual PI case manager to coordinate all services that led toward self-sufficiency. When the family moved to transitional housing, the case management **team** continued to meet and monitor the family’s progress and compliance with the service plan. Adjustments to the plan were made as needed. The PI case manager worked directly with the family for the remainder of the family’s involvement in PI.

D. Partners

Services were provided through a series of partnerships with cooperating public and private agencies. Key partnerships included: the Division of Social Services (provided social work intake and assessment), the Office of Employment and Training, and the Landlord/Tenant Division of the Office of Housing (assisted participants who moved from transitional to permanent housing). Linkages were also maintained with the Salvation Army (owns transitional housing), the Arlington-Alexandria Coalition for the Homeless, and other organizations that sponsor homeless shelters.

CHAPTER 12. PROJECT INDEPENDENCE

E. Target Population

The target population was a group of 25 single-parent families who were homeless, low-income, or welfare dependent, and who entered any one of three participating shelters in the City of Alexandria. Families were within 125 percent of the Federal poverty guidelines for the appropriate family size. Families experiencing severe ongoing health problems, psychological problems, untreated substance abuse problems, significant legal problems, or behavioral problems in the shelter were systematically excluded from project participation.

II. Design and Study Methodology

A. Study Design and Approach

The goal of the evaluation was to record how each family responded to the PI experience. A framework was established to collect three categories of information that met the study goals. The categories of information are: the nature and extent of the burden pressing upon the family that contributed to the trauma of homelessness; the strengths and resources within the family available for overcoming the effects of the burden and setting the family on the road to economic and social viability; and the nature and extent of PI resources provided to help overcome the ravages of homelessness and to supplement the resources necessary to become socially and economically viable.

A case study approach was selected to describe how each family, with its unique characteristics, interacted with the resources provided. This approach was selected as it was believed that families would vary considerably in the kinds of services needed and in their functional characteristics. Therefore, other designs were considered inappropriate. The evaluation focus was on each individual family selected for PI and the way each family responded to the pattern of services provided. Data were gathered through observations, staff interviews, and use of archival records. Data collection focused primarily on the information normally gathered by the case managers and included in their records.

Data or family experiences were subsequently analyzed through several iterations of content analysis until useful conceptualizations of family processes were obtained. Standard case study techniques were used to generate concepts and establish reliability of information. The case studies were summarized and resulting integrated concepts are reported.

CHAPTER 12. PROJECT INDEPENDENCE

B. Participant Selection

Within 48 hours of placement in a temporary shelter, an initial family assessment was made. The assessment included a review of employment and training issues, income maintenance, education, family stress, housing needs, and family therapy. Based on these assessments, the PI case management team selected families for the project. Criteria for selection were based on PI staff judgement primarily on the basis of the probability that the family would respond positively to the opportunities provided by PI. As stated previously, families **with** severe problems were excluded from participation.

The first 15 families who agreed to participate in PI were selected by the case management team. The team then continued selecting families for participation, although they were placed on a waiting list for project entry.

III. Findings

Sixteen families enrolled in PI in 1989; 12 families enrolled in 1990. Of the 28 families enrolled, six dropped out of the project without significant participation, leaving a total of 22 participant families who were tracked through the evaluation process.

Original plans for data collection included the use of data collection forms. Data items on the forms included the family history, demographic descriptions, history of events in PI, tracking of services administered, and immediate family needs. Project staff were to complete the forms and data were then to be entered in a computerized database. Unfortunately, both the hardware and software needed for the database were not acquired in time to be useful to the evaluation. Further, although the evaluation team requested that staff complete the data collection forms in lieu of the computerized database, forms were not systematically used. As an alternative to the data forms, evaluation staff attempted to locate and interview project participants. Of the 16 clients targeted for interviews, only 4 were interviewed. Therefore, much of the information was collected from interviews with PI staff who retrospectively recalled information about each client family.

A. Burdens Carried by the Family

Based on certain characteristics, project participants were **classified** as chronically homeless, borderline homeless, and traumatic homeless. **The** chronically homeless entered the project after a series of shelter experiences and had generally experienced at least 2 years of unstable living arrangements. **The** borderline homeless were less chronic in their housing instability, although they were persistently at risk of becoming homeless over a period of time. They typically lived in some type of subsidized housing or assisted housing (i.e., funded by a social service agency or family) and received very low and often unstable wages. A change in income or housing costs were the precipitating events for homelessness. The traumatic homeless became homeless because of **sudden, episodic reasons rather than chronic problems**.

CHAPTER 12. PROJECT INDEPENDENCE

Severe and sudden changes of an emergency nature were found to have often contributed to the family's homelessness.

B. Family Dysfunction and Strengths

Families varied in the extent to which they were dysfunctional. One group of families was unable to deal with the tasks of everyday living and required a full range of services in order to accomplish a simple routine. **They** were dependent upon others to get their work done and in the absence of external support, would drift. **These** families were called "dysfunctional" families. It should be noted that while they shared similar characteristics of families excluded originally from PI participation, they were not so severe in their dysfunction that they were screened out of the project. **The** second group of families was termed 'disabled;' they appeared to lack one or more kinds of skills necessary for the successful accomplishment of everyday tasks. Finally, some families fit the description of a "disrupted" family. They were families whose strengths would normally keep them going in a rough environment, however, their lack of a **sufficient** income precluded maintaining a stable living arrangement.

The concept of family strength, originally envisioned as a part of the evaluation, was not fully developed as data were not available and needed information would have required interviews or observations that were not planned as part of the evaluation design. Family strengths were to have focused on each participating woman's degree of preparation for the world of work.

C. Project Resources Used by Participants

Case management records were used to abstract information on the services delivered to each family. Where records were incomplete, supplemental information was collected through interviews with PI staff.

Analysis of project records showed there was a range of styles of contacts used by case managers with PI families. This range of styles included the case manager as a broker, an advocate, and a service deliverer.

In the broker role, the case manager conducted a needs assessment, planned the required services, and monitored the use of services. **The** case manager did not provide any of the specific services required by the family. **The** primary activity was that of directing the family to needed services and urging the family to avail themselves of these services. Where the case manager **functioned** as an advocate, **he/she** assisted the family in making contact with the required services. This activity was performed in addition to the activities performed as part of the broker role. The case manager also acted as a service deliverer with some PI families. In this instance, the case manager provided services that were not provided elsewhere,

CHAPTER 12. PROJECT INDEPENDENCE

and did so in a way that made the program work in a more comprehensive manner. Services provided by the case manager included personal support, counseling, informal advice on parenting, and listening to complaints, among others.

A review of these case management styles across families suggests that case managers tended to function as a service deliverer for primarily younger, heavily burdened mothers who had few skills in either a job or parenting arena. Generally, however, PI participants were provided with **brokering/advocacy** functions rather than direct service delivery from the case manager.

A review of case manager contact logs indicates that the largest number of contacts with families was by way of telephone, although about one-third of the families appear to have had several weeks of **face-to-face** meetings with the case manager.

D. Project Outcomes

Analysis of outcome data focused on three primary areas: those associated with the broader, global goals and expectations of the project, employment status of participants, and the relationship of the three primary concepts (burdens faced by each family, strengths and weaknesses of these families, and resources provided by the project) explored through this study. The reader should keep in mind that the individual family was the unit of analysis for this evaluation.

1. **Project Goals**

As stated previously, project objectives were to foster the belief in families that they can take control of their lives, even in the most critical of situations; to encourage and strengthen the family unit by **reunification** or increased **financial** responsibility on the part of the absent partner; and to ensure that the family successfully continued in the housing environment provided by the project. Because of the lack of data on the intrapsychic characteristics of the families, outcomes on the psychological viability of the families are not apparent. Coping strengths, personal networks, and resolution of familial conflicts were not fully described in the case records, and evaluation staff were unable to make adequate contact with families to complete this **dataset**.

There are no instances in which spouses, boyfriends, or companions were reconnected with families. Only two families had a relatively stable relationship with a **partner** at the time of homelessness. In almost all cases, children of different fathers were present, and in no instance were the women seriously involved **with** or living with any of the fathers of their children. **Conflicts** with fathers which predated homelessness continued after PI. Child support problems were unchanged in all but two families during project participation.

CHAPTER 12. PROJECT INDEPENDENCE

Only one case showed clear evidence of interpersonal growth and the development of potential for establishing a stable relationship in the future. This growth was because the PI mother voluntarily chose and received 13 sessions of counseling.

The specific funding responsibility of PI, to support housing over a 12 to 16 month period, was discharged effectively. All participants were housed appropriately although some families moved to housing support programs operated by other agencies of the City. Only one family was able to achieve fully independent living by the end of the PI project period. During this extended time of support, **all** families received income maintenance, employment training opportunities, subsidized day care opportunities, and other social services, although not all of these opportunities and services were utilized.

2. Employment Status

The employment status of participating women was obtained from records and the informal knowledge held by PI staff. Employment status indicators included the type of job, wages for the job, and relationship of the post-PI job to the pre-PI job. Analysis also included an examination of the job training received during the project period. Table 1 presents the types of jobs, wages received, and number of women employed at the end of the project period. Of the 20 women whose employment status was known, 20 percent experienced increased wages at the end of the project. Thirty percent who were unemployed at project entry were employed at project exit. Twenty-five percent held the same job with the same wages at entry and at exit, while another 25 percent were unemployed prior to and after PI participation. Wages ranged from a low of \$5.00 to a high of \$8.65 per hour. Women were employed as a companion aide, waitress, supermarket checkout clerk, building custodian, telemarketer, liquor store clerk, real estate sales agent, domestic worker, word processor, store sales clerk, and car rental representative.

CHAPTER 12. PROJECT INDEPENDENCE

TABLE 1
Project Independence
Post-Project Employment Status
N=20

	Same Job/ Same Wages	Same Job/ Higher Wages	New Job/ Higher Wages	Unemployed Pre-PI/ Employed Post-PI	Unemployed Before and After PI
Number	5	1	3	6	5
Wage Range	\$5.25 - \$8.65 per hour	Old Wage \$4.75 New Wage \$6.00	\$5.50 - 6.00 (and not stated)	\$5.00 - \$7.00	
Type of Job(s)	*companion aide *waitress *supermarket checkout clerk	*building custodian	*telemarketer *liquor store clerk *real estate sales agent	domestic worker *word processor • store salesclerk *car rental representative	-

Number of participants.

Participation in job training programs tended to be sporadic with issues of health and child care serving as major impediments to regular attendance. Eight women who entered the project during the first year of operation, who were employed and participated in training, were found to hold jobs that had no relationship to the training they received while in PI.

3. Integration of Concepts

The evaluation found that one style of case management -- "service delivery" -- was focused primarily on young vulnerable families. Remaining participating families were primarily the recipients of what was called **brokering/advocacy** activities. This distinction was based on the kind of contacts and content of the contacts between the case manager and clients.

Contacts between case managers and clients were in the form of office visits by clients to see the case manager, telephone calls **from** the case manager, home visits by the case manager, visits by the case manager to the shelter, phone calls made by case managers to service providers of the client, contacts with other PI staff members about the client, and PI staff meetings in which the client's case was presented. Each kind of contact was recorded along with content summary statements. The total number of each kind of contact was calculated and these totals were used for analysis.

One group of five women received the greatest number of staff contacts and attention. They received many times the number of recorded contacts in each of the contact categories than other project participants. These women were of two types: they were very young and immature and appeared to need the firm hand of an older woman, or were very likable and cooperative, but were unable to overcome a

CHAPTER 12.

PROJECT INDEPENDENCE

major family handicap that was not of their own making, such-as a critically ill child. Given limited staff resources, PI staff made a decision to devote time and energy to these cases.

The amount and kind of contacts between PI participants and PI staff were not systematically related to the nature of the burdens carried by the participants (chronic versus traumatic source of homelessness), their potential for successful employment as breadwinner, or to their ultimate employment status after PI participation was completed. Most of the PI participants remained in the same general occupational area whereas the few women who made significant improvements in their status had relatively little contact with the staff. In this instance, little contact did not mean that few support services were received. All participants received a full range of housing subsidies, financial support, medical assistance, clothing and furniture assistance, food stamps and Women, Infants, and Children (WIC) services, opportunities for job training, and assistance in finding services such as day care and legal aid. Those who had relatively low rates of staff contact received these services as needed through the brokering function of PI. In this instance, the program served as a passive conduit through which social services flowed to recipients. It appears that the services received from the partners as brokered by PI staff would have been the same services individuals would have received directly if PI were not functioning.

Those who had relatively high rates of contact received the same needed services, but, in this situation, the program served as an active environment for personal change. However, only a few participants used the project for personal change.

E. Partnerships

A result of the partnership formed through PI is the continuation of the case management team approach for all the residents at the Alexandria Community Shelter. The PI-funded services of housing subsidy and employment training are not available, but the partners' staff continue to coordinate efforts on behalf of residents, and all major decisions regarding the length of stay and assistance provided to residents are made by the team. This case management team approach was also used to coordinate City services for another shelter, a 130-bed facility for homeless men, women, and families. Again, this arrangement does not include the PI-funded housing subsidy and employment training.

PI recipients were afforded access to an existing array of services facilitated by partner participation on the case management team. The partnerships were therefore a working vehicle for coordinated and shared service delivery even though resources were never allocated by the partners above and beyond their original budgets. Partners committed "in-kind" resources only; however, when project staff referred a PI participant to a partner, services were always provided.

CHAPTER 12. PROJECT INDEPENDENCE

IV. Discussion and Conclusions

On the basis of these findings, it can be concluded that PI provided important short-term support to participants who were facing immediate crises. **This** support allowed them to weather the storm and, in a large majority of cases, return to the same situation they faced prior to becoming homeless. There is little evidence of permanent change in participants, and little evidence of any attempt on the part of the staff to produce permanent change. **This** should not be attributed to any lack of motivation or ability on the part of the staff. Rather, the reason for the minimal emphasis on permanent change lies with the program and not with the staff.

To be involved as an agent of change in the lives of the PI participants requires an intense commitment of time and energy. Such involvement demands close and continuing contact, establishment of strong attachments of trust, confidence, and friendship, and a willingness to remain through successes and **failures**. It is clear that the time and resources required for staff to enter into these kinds of relationships did not exist in PI. One staff member working half-time to manage 25 cases cannot possibly attempt the role of change agent or clinician. A lower staff-to-client ratio is needed. Without increased **staffing**, the role of clinician or change agent could not be taken in a project such as PI.

In fact, the role of “clinician” does not appear to have been taken by any staff **in** the project. Involvement with participants was highly selective and based on roles that the staff found relatively attractive and easy to play. **These** roles were not based primarily on the needs of the participants, but rather on the ease with which they could be played. Thus, the staff, when highly involved, found themselves playing the role of the nurturing, guiding mother, or they played the role of the supportive, nurturing, friendly neighbor. In either case, the case manager was not an agent of change.

A procedure that might have emerged with a focus on long-term change is the development of a participant support group. This would provide a sense of membership in the program and an identity that could help internalize the rules of PI. Such an activity is, however, a very time-consuming one to organize and operate. It was not suggested and PI remained, for the most part, a **mechanism** for joining participants with social services rather than a place where one could safely prepare to deal with an increasingly hostile environment.

The issue of employment training also deserves mention. Although several employment training **opportunities** were made available, no participant completed any program, and no participant utilized any of the training to seek employment in a new kind of job. In some cases, the employment training had to be preceded by completion of a high school degree. Although several women started working toward a General Education Development diploma, none of the participants completed the work by the time they left the program.

The barriers to completion of these programs range from a lack of **self-confidence**, sense of futility, lack of day care, and a focus on family issues, to a need to have immediate income. At the same time, it was clear to some women that available training has little potential for significant change and economic

CHAPTER 12. PROJECT INDEPENDENCE

stability in these times of a shrinking service market. In order to overcome any of these barriers, the project needed to offer considerably more than **brokered** employment training. These are barriers which most of these women have had little success in overcoming, thus a more intense application of supports is clearly required.

Given the magnitude of the problem in achieving self-sufficiency, it became clear that a 2-year program does not provide sufficient time to effect change in homeless families. Although historical data were lacking, it was possible to determine that the status participating women were in just prior to becoming homeless had persisted for many years. It does not seem reasonable to expect that long-term shifts in life patterns can be achieved in short periods of time. Homeless families are poor families and their problems are those of poor people, with the added burden of homelessness. A system of emergency shelters is necessary, but it is impossible to assist a family with multiple problems in moving very far toward **self-sufficiency** during the limited time they are in those shelters. Even the 16 months of assistance provided by PI is not enough to show significant progress toward self-sufficiency after years of poverty have taken their toll.

Finally, it should be concluded that additional resources required for achieving significant change in a project such as PI includes the use of a major data collecting unit. Much of the critical information about each family necessary for assessment as well as planning and monitoring, was never collected by the overworked staff. Much of the information that was collected was not stored, so it could be accessed by those who needed information about the families. Data collection and storage should not be the province of an external evaluation team. Rather, it should be an intrinsic part of the operation of the service delivery team who can **define** the information required, collect it, and have it available as needed.

Section VI

HOMELESS INDIVIDUALS AND FAMILIES

Chapter 13

Homeless Family Self-Sufficiency Project

Multnomah County Department of Social Services

Portland, Oregon

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

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Project Type: Homeless families

Project Title: Homeless Self-Sufficiency Project

Model: Coordinated Services/Case Management

Project Period: July 1989 to June 1991

I. Background

A. Purpose of Project

Homeless families are one of the fastest growing subpopulations of the poor. In Portland and Multnomah County, Oregon, half of the homeless people served are members of a family unit. At the onset of the rapid growth in this subpopulation in the mid-1980's, the crisis-oriented system of providing emergency shelter to homeless single males was replicated, with some modifications, to serve families. However, this system did not promote self-sufficiency or effectively impact the cycle of family homelessness.

Multnomah County, the Coalition for Homeless Families and Portland Impact recognized the need for a more comprehensive delivery system to move families from homelessness to self-sufficiency. The Homeless Family Self-Sufficiency Project was designed to develop, **colocate**, and deliver services to homeless families at a day shelter **site**. These services were to be more intensive, long term, and directed towards family self-sufficiency than those delivered by crisis-oriented systems.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

The project was predicated on the assumption that the provision of an integrated continuum of services within a positive environment would move poor, homeless, families towards self-sufficiency and reduce their need for public assistance.

The overall hypothesis held that the families who receive intensive case management and comprehensive services will demonstrate greater gains on self-sufficiency measures at the end of the project than control families who receive less case management. Specifically, families who receive intensive case management and comprehensive services will:

1. demonstrate a higher level of family and personal functioning;
2. have more stable housing at the end of the project;
3. have more economic self-sufficiency in the form of more stable employment and income, and;
4. have a higher level of social support **from** resources such as friends, relatives, and community.

The overall goal of the project evaluation plan was to assess the effectiveness of combining intensive case management 'with integrated and comprehensive family services as a means of increasing the **self**-sufficiency of homeless families. This intervention strategy offered the opportunity to address the growing problem of homelessness among families in a creative way consistent with current thinking in the field of social welfare.

B. Description of Project

The project design was based on Portland Impact's existing Family Resource Center model. The Center is a day shelter and the point of access for homeless families to receive multiple social services including assessment, access to night shelter, case management, and supportive services.

The project expanded the Center's intervention model to provide more **onsite** support services, including alcohol and drug assessment and support, employment counseling, access to health and mental health services for parents and children, self-esteem programs, and access to transitional housing and rent assistance; to allow for assignment of primary case managers with low case loads who could continue to work with families beyond the crisis intervention service level; to include positive client attributes and skills in case plans; and to develop ongoing client support systems, such as social networks.

The project's overall goal was to facilitate the transition **from** homelessness to self-sufficiency for 75 homeless families. Ten operational objectives were also proposed. They were as follows:

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Objective 1: Develop and maintain a minimum of 12 working agreements with organizations that would provide services to project participants in the areas of housing, financial assistance, medical, social, drug and alcohol treatment, and basic needs.

Objective 2: Develop informal working agreements with individuals, groups, and organizations working with project participants.

Objective 3: Hire qualified project staff.

Objective 4: Provide all staff with a minimum of 20 hours of training prior to project startup.

Objective 5: **Maintain** a high rate of staff retention over the 16 months of the service delivery.

Objective 6: Hold weekly case management meetings to discuss individual cases.

Objective 7: Develop measurement tools and procedures for collecting data,

Objective 8: Conduct a structured research interview with each program participant shortly after they came to the Center and again at about 6 months after termination from the project.

Objective 9: Recruit and assign 75 project participants to intensive case management and 45 project participants to regular services with a target date of January 1, 1990.

Objective 10: Maintain a Family Resource Center that would provide access to a case manager and to integrated and comprehensive family services.

C. Partnerships

The research project was based on two types of partnerships, system-oriented and service-oriented. The primary system partners included Multnomah County, Portland Impact, and the Portland State University Regional Research Institute. The Homeless Family Self-Sufficiency Project was designed by the system partners. **This** unique public-private partnership allowed for improved integration of services, leveraging of financial resources, and development of a stronger management information system.

Once the program began an administrative team was established that included the three key implementation partners: the Multnomah County Department of Human Services through the Community Action Program Office, Portland State University through the Regional Research Institute for Human Services, and Portland Impact. Although project oversight and administration was a shared responsibility, each partner was assigned specific program roles.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Multnomah County maintained fiscal responsibility and developed and monitored the contracts for service delivery and evaluation with Portland Impact and Portland State University. The County also mobilized community resources, and took the lead in advocating for system level changes.

Portland Impact was responsible for implementing the program's intervention strategies and related services. The agency served as the point of access for program participants. Impact also took the leadership role in developing community support including the establishment of working agreements with key community agencies, organizations, and civic groups.

Portland State University's primary responsibility was for project evaluation activities, including the development of a client data tracking system. Evaluation results were compiled, analyzed, and distributed by the University to the program partners.

Several additional organizations partnered with Portland Impact to expand **onsite** support services for program participants. They included the Private Industry Council, which provided an employment counselor 10 to 20 hours per week; the State of Oregon Employment Division, which provided an employment counselor 8 hours per week; the Multnomah County Health Department, which provided a community health nurse 20 hours per week; Mental Health Services West, which provided a mental health counselor 20 hours per week; FISH Emergency Services, Inc., which provided personal items; and several local churches and a private religious college that provided night shelter and **90-day** transitional housing.

Informal partnerships were also established with the State of Oregon Children's Services Division and the State of Oregon Adult and Family Services Division, to expedite child abuse and welfare services for program participants. Branch managers from each organization were assigned to sit on the program's Advisory Board. This liaison function proved to be invaluable in better assisting clients with receiving appropriate services in a timely fashion.

Community support for the program also came from numerous community groups and businesses who volunteered time and donated money to assist program participants.

D. Target Population

The 1990 poverty rate in Oregon was 10.3 percent, with the City of Portland and Multnomah County having the State's highest concentration of poor individuals and families. Within the City, the inner southeast and northeast communities contain the poorest neighborhoods and the largest number of homeless families. Portland Impact is the community-based multiservice center for inner southeast Portland.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

In 1988-89, nearly 17,000 homeless persons were served by agencies in Multnomah County. (This does not include homeless persons who received no shelter or other services.) Of that number, more than 2,200 households including 6,200 persons were homeless families with children. By including couples without children, over 50 percent of homeless persons were in families.

In 1990-91, 18,650 homeless persons were served by agencies in Multnomah County. **That** number included over 2,800 homeless families.

Homeless families are the fastest growing segment of the homeless population in Oregon. These families are predominantly headed by women, although as many as 35 percent may be two-parent families. Less than **five** percent are headed solely by men. Minorities are overrepresented among homeless families as compared to Oregon's population as a whole.

II. Study Approach and Evaluation Methodology

A. Operational Definitions of Outcome Measures

Self-sufficiency is defined by the Office of Community Services as "a condition where an individual or family does not need and is not eligible for public assistance." The Homeless project further defined self-sufficiency as the ability to function within community norms, maintain permanent shelter and income, reasonable family functioning, appropriate parenting practices, and the maintenance of an interdependent social support system that can be used in times of crisis.

As defined by the project, self-sufficiency consisted of four components: 1) income and employment, 2) housing stability, 3) family functioning and parenting practices, and 4) social supports. Income and employment encompassed two concepts; the actual monthly income (regardless of source) and the source of that income. Two aspects of the source of income are relevant to self-sufficiency. The first consideration is stability of employment and whether it is part-time or full-time. The second consideration is the family's dependency on public assistance as a source of income. Families who are homeless may not be able to completely sever their dependence on benefits, but may be able to move toward less reliance on public assistance.

Housing stability was assessed in two ways: the number of days housed during the past 6 months and the current housing situation.

Family functioning, including parenting practices, focused on the family's ability to work together as a family unit and provide a reasonable environment for children.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Social support was the final concept included in self-sufficiency. It was **defined** as the network of persons that the family could call on in emergencies, and the reciprocity of these relationships.

Homelessness was defined as being without a predictable domicile and consistent means of support to sustain daily needs. Domicile was **defined** as a place where persons have their permanent home and to which they have the intention of returning whenever they are absent.

The design of the evaluation was based on comparing families who received little or no case management with families who received intensive case management. In addition, comparisons were made between family self-sufficiency when they entered the Portland Impact program with self-sufficiency 6 months later.

The final evaluation was based on the following: 1) service utilization data on 529 homeless families who received services during 19 months of the two-year project; 2) pretest interviews with 114 families carried out within about a week of entering the Portland Impact program; and 3) **posttest** interviews with 37 families at about 6 months following intake. Homeless families who participated in both a pre- and postinterview were divided into three groups: those who received low case management (less than 4.5 hours); those who received medium case management (between 5.0 and 15.0 hours); and those who received high case management (more than 15.75 hours). The mean difference between pre- and **posttest** scores were then tested for significance, using analysis of variance or chi-square tests as appropriate.

Two interview schedules were developed for the project. The interview schedules were designed to measure the components of self-sufficiency outlined earlier in this section, to collect basic demographic information about the families, and to collect other descriptive data on issues that might be helpful in developing a case management approach for homeless families.

All interviews were conducted by a trained interviewer from the research staff. Two standardized scales that were incorporated into the interviews were the Family Situation Questionnaire and the Social Support Network Inventory. The Family Situation Questionnaire measures family situation and general well being. The Social Support Network Inventory is a brief instrument that measures concepts of social support and social networking.

Service utilization data were also recorded by the case managers at the Portland Impact Homeless Family Project. Service utilization forms were completed for each family each month. Case managers recorded the amount of time spent with families, the number of nights spent in the shelter, the number of nights spent in transitional housing, and the kinds of referrals made. At termination, the case managers **rated** client progress and recorded the reasons for leaving.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

An administrative committee made up of staff from Portland Impact, staff from the Regional Research Institute, and the manager of the **Multnomah** County Community Action Program Office (CAPO) monitored the development of instruments and the implementation of data collection.

All families were asked to sign an informed consent form at the point of entry into the Portland Impact project. This form included pertinent information about the research and asked for the right to obtain information about the family from other organizations. During the interview, families were carefully informed about the use of the information and the legal reporting requirements of the case managers and interviewers. All families were paid \$20 for the follow-up interview. At about 8 months into the research, the project began to pay families \$20 for the intake interview as well in order to ensure greater participation.

The statistical analysis of the data proceeded in several phases. First, descriptive analyses were completed at periodic intervals in order to feed information back to the program. This reporting was a part of the process evaluation and contributed to the maintenance of quality of services. Second, analysis of the data as it related to the hypotheses was completed. Subsequently, analysis of variance and chi-squares were run as called for by the hypothesis.

B. Interventions

The Homeless Self-Sufficiency Project received referrals at Portland Impact from a variety of sources that included police, other social service agencies, the Red Cross, the United Way, former and current clients, and neighborhood groups. Initial referrals were usually made by phone. This allowed case managers to determine client eligibility and shelter space availability before referred families came to the project site. The few walk-in referrals were seen on a first-come, first-served basis, and after appointments set for phone-referred families. This process reduced the chaotic scramble for shelter that frequently exists in emergency shelters that serve only walk-ins on a first come, first serve basis. Families who were turned away from the project were given contacts for other emergency services, bus fare to get to that service, and access to a free client phone.

Eligible families then received an intake needs assessment, explanation of shelter options, information regarding agency policies, and a description of the services and expectations of the project. Assessment of families included an examination of their current and expected financial resources, past history, service needs and eligibility, support systems, motivation to become self-sufficient, and skills and interests. Case managers then utilized the assessment information to assist the client in developing a case plan.

The case plans focused initially on the short-term goals of obtaining shelter, emergency financial assistance, food, medical care, and transportation. As families progressed, the case plan was modified to reflect the longer term goal of self-sufficiency. Case managers monitored compliance with case plans through weekly contact with clients.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

The project was forthmate in having arranged a **number** of **onsite** services provided by other agencies. 'This reduced client travel time, increased interagency communication; and allowed case managers to expedite access to such services as medical treatment; employment training; job placement, parent **training**; child mental health assessments and counseling; client support groups; and substance abuse support services.

All clients that received services were asked to complete a drug and alcohol assessment from a case manager with specialized training in the area. Mandatory assessments came about as a result of case managers acknowledging that self-disclosure done at the point of intake was unsuccessful in identifying abuse issues. Such issues often surfaced after a family had received substantial amounts of service and had failed to achieve self-sufficiency goals. A more formal assessment process revealed abuse issues early and at a point when support services could be incorporated into the client's case plan.

Clients needing treatment rather than support services were referred to outside agencies. Case managers exerted tremendous efforts to identify such resources and to expedite the intake process on behalf of clients. Families were allowed to return to the program after successful completion of treatment. Additionally, case managers would arrange for care of a client's children when they were not allowed in the treatment facility.

Housing options were **identified** by the client and case manager during the family's stay in shelter. Securing **90-day** transitional housing was usually the first preference for most families who were consistent in following their initial case plan.

It is Portland Impact's policy that families being considered for transitional housing must first be presented for Case Review. Case Review is a structured process that gives staff the opportunity for case updates, client presentations, group problem solving, and effective case coordination and referral, as well as providing time for discussion of staff concerns and issues. The meetings are attended by all case managers, the Alcohol and Drug Case Manager, the Program Supervisor, and currently the Job Development representative from the Private Industry Council. Mental Health Services West makes a therapist available for consultations during Case Review. Representatives from Impact's energy assistance programs also attend. Staff as a whole decide on shelter extensions and transitional housing placements during the meeting.

Families who receive transitional housing are required to establish a trust fund through the agency. Case managers and clients determine an appropriate amount of dollars that need to be saved in the fund to cover transitional housing utility costs, and projected deposits for permanent housing. The fund is managed by Portland Impact and requires client and case manager approval for withdrawals. Upon client termination **from** the program, the balance of the funds are returned to the client, minus any charges for utilities or damages. Since the rent for transitional housing is paid by Portland Impact, most clients are able to save adequate amounts of money to afford the move-in costs of permanent housing.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Case managers can arrange for rent and client assistance funds to supplement the client's savings, when it is not enough to cover permanent housing deposits and the first month's rent. Such supplemental funds are also used to purchase supportive items that allow clients to obtain or maintain employment. This flexible fund has been an extremely important tool for case managers in assisting families over the small hurdles on their way to self-sufficiency.

Permanent housing was the final step for project participants. Case managers maintain a list of housing resources, both public and private. Most clients only have the option of private market housing in a city that has seen dramatic increases in rents and low vacancy rates. Consequently, competition for low-income housing is high.

Case managers served as a reference for families to improve their chances of being accepted for housing by a landlord. Lending this credibility to clients, who often have tainted histories and credit, resulted in increased acceptance by landlords. In addition, case managers taught clients how to search for housing and to be good tenants. Clients were encouraged to tell the truth about their past rental record. This honesty, combined with the case manager's reference, worked successfully for many clients.

Upon completion of the program, all clients received follow-up phone calls or visits. These check-ins helped case managers monitor a client's ability to remain self-sufficient, and prevented crises from reversing previously obtained goals. During follow-up, clients are also encouraged to provide some form of community service. Such service may involve mentoring other clients, participating on the program's Advisory Council, or visiting nursing home residents.

Table 1 presents the service utilization data on 529 families served by the program over a 19-month period. As Table 1 indicates, 392 of the 529 families were reported to have used the shelter. This leaves 137 (25%) who did not utilize the shelter at all. These families were served by case managers but were not provided with emergency shelter.

In general, most families received some Level I case management. Level I case management is focused primarily on providing current information in response to a specified need, and often entails referral to another program after a limited assessment. Level I case management is most often provided in response to requests for emergency shelter, food, and other services to meet basic needs and is usually delivered during the first few weeks that the family works with a case manager. Only 31 of the 529 families did not receive this service, and these were probably families who came in to inquire about services and left when the services they wanted were not available.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Level II case management, on the other hand, is a service that has evolved over the life of the project. Level II case management requires staff to assist clients in developing an individualized assistance plan that integrates and coordinates multiple services. Families receiving this type of case management are expected to work with the case manager for at least 30 days, although many do not. As reported in Table 1, 292 of the 529 families (about 55 percent) received some intensive case management services.

Table 1
Services Utilized by all Families Participating
in Program From 10/89 to 5/91
(n = 529)

SERVICE	N	MEAN	MEDIAN	RANGE
Level I Case Mgmt.	498	7.2	3.7	.25-82.5
Level II Case Mgmt.	292	11.6	3.0	.25-137.5
Total Case Mgmt.	508	13.8	5.5	.25-161.25
Shelter Nights	392	21.4	13.5	1-176
Transitional Housing	295	4.3	45.0	4-125
Support Group	100	11.6	6.0	1.0-102.5
Alcohol and Drug Assessment	191	13.0	4.0	.25-154.0

Table 2 presents the subset of service utilization data for the 114 families who participated in the initial interview. The similarities between the data in Tables 1 and 2 are striking. In both cases, families received, on the average, between 7 and 8 hours of Level I case management and about 12 hours of Level II case management. However, as can be seen, the median amount of services is generally higher in Table 2 than in Table 1, suggesting that families received more services after the implementation of the intensive program.

Also, the range is generally smaller in Table 2. This suggests that families who utilized large amounts of Level I services might have been more appropriately served through Level II case management. For example, in Table 1, at least one family received 82.5 hours of standard Level I case management. This family probably entered the program prior to the addition of Level II case management and was therefore served through extensive Level I case management. In Table 2, 47.5 is the largest amount of Level I case management received.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Table 2
Services Utilized by Families Entering Program Between
10/89-6/90 and Participating in the Pre-Test Interview
(n = 114)

SERVICE	N	MEAN	MEDIAN	RANGE
Level I Case Mgmt.	109	7.8	5.0	.25- 47.5
Level II Case Mgmt.	90	11.7	9.5	.5 -106.5
Total Case Mgmt.	109	17.4	22.0	1.0 -137.7
Shelter Nights	100	29.0		3.0 -176.0
Transitional Housing	6	29.3	30.5	6.0 - 45.0
Support Group	31	15.4	10.0	1.0 - 67.25
Alcohol and Drug Assessment	47	13.1	4.0	.5 -154.0

Table 3 represents the services used by a subset of 37 families who participated in both the pre- and postservice interviews.

In general, this third subset of families appears to have used more services than those represented in Tables 1 and 2. Although the average amount of Level I case management is about the same as in Table 2, the amount of Level II case management, shelter nights, and support group time is greater. It is also interesting to note that the range for each item is almost identical to the range in Table 1, suggesting that the "outliers," the families who required or demanded the most service, are included in this smaller subset. One way of viewing this finding is that families who receive large amounts of services become more stable and are more easily located for the follow-up interview. An alternative explanation may be that families who use large amounts of service stay in contact with the agency and are, therefore, easily found.

Table 3
Services Utilized by Families Participating
in Both Pre- and Post-Interview
(n = 37)

SERVICE	N	MEAN	MEDIAN	RANGE
Level I case mgmt.	37	7.5	3.0	1.0 - 31.25
Level II case mgmt.	31	15.7	3.8	.5 -106.5
Total case mgmt.	37	20.6	9.8	1.75-137.75
Shelter nights	33	32.2	16.0	3.0 -176.0
Transitional housing	3	29.0	30.0	26.0 -31.0
Support group	10	19.4	a.1	2.0 -67.25
Alcohol and Drug Assessment	18	19.9	4.0	2.0 -154.0

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

The striking similarities between the three tables suggests some direction to programs serving homeless families. The fact that half the families used between 3 and 5 hours of Level I case management and all families used an average of 7 or 8 hours of Level I case management suggests that somewhere between 3 and 8 hours is the amount of case management needed just to get immediate emergency needs met. This type of case management does not address the longer-term issues of these families.

Level II case management seems to average between 12 and 16 hours per family, with about half the families using 4 or 5 hours or less. About 80 percent of the families in both Table 2 and 3 utilized some Level II case management. This supports the observation of case managers that some families are not ready to work toward long term permanent housing. **The** data suggest that about 20 percent of the homeless fit this category.

Further, most families used between 20 and 30 days of emergency shelter. **This** suggests that shelter programs of a shorter length will not be useful to these families. In general, families who used transitional housing stayed between 30 and 45 days, supporting the current policy of 3 months in transitional housing.

Finally, the figures on support group usage are informative. Between 20 and 30 percent of all families used a support group, averaging between 10 and 20 hours of contact. Between 30 and 40 percent of all families utilized the alcohol and drug assessment and support services, averaging between 13 and 20 hours of contact. In both cases, this suggests that these are useful services to a substantial subgroup of families, probably those who are most involved with case management and other supportive services.

III. Evaluation Findings

A. Participant Characteristics

The tables and narrative in this section are based on data from the initial research interview, which was conducted within about a week of a family entering the program at Portland Impact's Family Resource Center. One hundred fourteen participant families were interviewed. Most tables are based on the 114 interviews, but several tables are based on **findings** about the individual adults (n = 190) in the families interviewed.

CHAPTER 13.

HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

TABLE 4
Demographics of Adult Participants
(N = 190)

Category	Number of Participants	Percentage
Gender		
Males	82	43
Females	108	57
Age		
Under 30	93	49
30-39	71	37
40 and greater	26	14
Ethnicity or Race		
Caucasian	139	73
African-American	17	9
Hispanic	14	7
Mixed heritage	10	5
American Indian	8	4
Other	2	1
Education completed		
Less than 12 years	67	36
H.S. graduate or GED	75	40
Some college	44	24
Total Years in Portland		
Less than 1	29	20
1 to 5	46	31
6 or more	71	49
Family Composition		
Couple with children	38	33
Woman with children	31	27
Man with children	6	5
Couple with no children	34	30
Couple, woman pregnant	4	4
Single, woman pregnant	1	1

As shown in Table 4, a third of those interviewed were couples **with** children. Another third of the families were single men or women **with** children. A final third were couples **with** no children. Some of those classified as families with children contained women who were pregnant **with** their first child. In total, nearly two-thirds of the families had children with them. Many of the couples (48%) had been together for longer than a year, and another 18 percent had been together longer **than 5** years.

When respondents were asked about their current homelessness, over half (59%) of the families indicated that they had been homeless for 4 weeks or less when they sought services at Portland Impact. Fifty percent of the adults had experienced one previous episode of homelessness.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

During the period of homelessness, participants stayed in a variety of places. Often, a family had utilized more than one situation, creating a total number of places stayed higher than 114. Nearly half of the families indicated that they had stayed in a shelter (46%) and/or in a motel (44%). One-third of the families (34%) indicated they had been ‘doubled-up’ with friends, and 24 percent indicated that they had stayed with family members. Nearly a third (30%) had stayed in their car, 9 percent had stayed outside and another 9 percent had camped out. Among families who had stayed elsewhere, several indicated that they had been in the hospital or stayed in the hospital waiting room; some said they had stayed in vacant houses; and one **said** that they had stayed at the airport.

Prior to becoming homeless, the majority of families (68%) had lived in their own houses or apartments (21 percent in subsidized housing). Twenty-one percent of the families had been either doubled-up or staying with friends or extended family prior to their homelessness. Sixty-five percent of the families had lived in their last home less than 1 year.

The most frequent reason given for moving from the last residence was eviction or inability to pay the rent (44%). In most cases, eviction was for nonpayment of rent, although it was not usually a formal eviction process. The next most common reason cited for moving was inappropriate housing (15%), which included unsafe housing or neighborhood, or code violations. Conflict with the landlord or others in the home was listed by 14 (12%) of those interviewed.

As Table 5 indicates, 23 percent of the adults were employed when they entered the Portland Impact program. One quarter of the families indicated the main source of income was employment, while 22 percent listed **AFDC** as the main source of income. One-third of the families indicated that they had no current income. Among those who were employed, the average monthly income was \$523.

Within the past year, the majority of the families (76%) had received at least some income from employment. Sixty-six percent had received some income from food stamps, 42 percent from AFDC, and 20 percent from family and friends.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

TABLE 5
Current Family Income and Employment
(n=114)

Category	Number of Participants	Percentage
Family Member Currently Employed		
No	87	77
Yes	26	23
Number of Adults Employed in Family		
1	19	17
2	7	5
N/A - None	87	77
Current Monthly Income		
\$0	36	32
\$1 to \$299	16	14
\$300 to 599	33	30
\$600 to \$899	15	14
\$900 or more	11	10
Main Source of Current Income		
Employment	26	23
AFDC	24	21
Food Stamps	5	4
Unemployment	4	4
Supplemental Security Income	4	4
Social Security	2	2
Plasma	1	1
Other or missing	11	10
N/A - current income	36	32

Two-thirds of the families interviewed had children with them in the shelter. Families with children at the shelter (55%) tended to have one or two children with them. Nearly half of the adults had children under 18 years old who were not with them in the shelter.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

TABLE 6
Description of the Children at the Shelter
(n = 128)

Category	Number of Participants	Percentage
Age (years)		
Newborn to 4	61	48
5 to 12	55	43
13 to 17	12	9
Gender		
Female	64	50
Male	64	50

As Table 6 indicates, the ages of children in the shelter ranged from newborn infants to 17 years old. Forty-three percent of the school-age children in the shelter were in grades Kindergarten through 3, 38 percent were in grades 4 through 7, and 20 percent were in grades 8 through 12. A significant proportion of these children were academically at risk. Parents reported that 23 percent of the children had repeated a grade in school, and that 28 percent of the children had a learning problem. Thirty-three percent of the children had been evaluated for a learning problem, and 31 percent of the children had been placed in special classes. The majority of families (90%), however, rated their children's academic performance as satisfactory or highly satisfactory. Fifty-nine percent of the parents indicated that current homelessness was affecting their children's attendance at school. In addition, 23 percent reported that their children recently had been in recent trouble at school, such as getting into fights or being suspended.

The next set of data were obtained through interviewing a subgroup of families a second time, at about 6 months after entering the program at Portland Impact. Thirty-seven families were interviewed at followup. These 37 families included 59 adults and 58 children who were living with them at the time of the interview. Table 7 provides demographic data on this group.

Table 8 provides employment and economic data from reports on the follow-up families. Forty four percent of the adults (26) reported that they were currently employed. About 30 percent of the interviewees had a job while at Portland Impact, which is consistent with the Information received through the initial interview. Few of the participants reported that the case manager at the Family Resource Center had helped them find their jobs.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

TABLE 7
Demographics of Families Interviewed at Follow-Up
(n=37)

Category	Number of Participants	Percentage
Age		
Under 30	26	44
30-39	26	44
40 and greater	7	12
Gender		
Female	34	58
Male	25	42
Ethnicity		
Caucasian	49	83
Hispanic	4	7
African-American	2	3
American Indian	2	2
Mixed Heritage	2	2
Family Composition		
Couple with children	17	46
Woman with children	10	27
Man with children	3	8
Couple with no children	6	16
Couple, woman pregnant	0	NA
Missing data	1	3
Length of Time In Current Home		
Under 8 weeks	11	30
8 to 16 weeks	5	13%
16 to 24 weeks	11	30
24 Weeks	9	25
Missing Data	1	2
Type of Current Housing		
Nonsubsidized, own place	20	54
Subsidized, own place	3	8
Shared with friends	3	8
Shared with family	2	5
Alcohol and drug treatment	2	3
Jail or prison	1	3
Halfway/transitional housing	1	3
Military	1	3
With parents, foster, relative	1	8
	3	8

NA = Not applicable

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

TABLE 8
Current Employment Status
(n = 59)

Category	Number	Percent Overall	Percent Subset
Currently Employed			
Yes	26	44	
No	33	55	
if yes,			
Did Participant Have Job While at Portland Impact			
Yes	8	30	
No	18	69	
How Did Participant Get Job			
On his/her own	18	69	
Other	3	12	
Case Manager At FRC	2	8	
Employment Division	1	4	
Missing data	2	8	
Main Source of Income Over Past 6 Months			
Employment	20	54	
AFDC	12	32	
Other	2	5	
Family and Friends	1	2	
Social Security	1	2	
SSI	1	2	
Current Monthly Net Income (n = 34)			
\$100 to \$500	10	29	
\$500 to \$1,000	13	38	
\$1,000 to \$1,500	9	26	
\$1,500	2	5	
Currently Receiving Welfare or Food Stamps			
Neither	16	43	
Welfare and Food Stamps	14	37	
Food Stamps Only	6	16	
Welfare Only	1	2	
Ages of Children (years)			
Newborn to 4	30	52	
5 To 12	19	33	
13 To 17	9	15	
Gender of Children			
Female	30	51	
Male	28	48	

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

B. Operational Issues

The program's operational issues fell into three general categories: **staffing**, service resources, and client involvement,

The program was started utilizing a combination of existing and new personnel. Since the program began based on the existing delivery system for serving homeless families, an emergency orientation existed. A **mindset** prevailed among staff that it would be impossible to break away from the "crisis mode" of serving clients because of their homeless situation. There was initial resistance to trying a new approach or an approach adapted **from** other service & delivery systems.

A lack of professionalism also existed, both in the relationship between client and case manager and case manager and supervisor. Since the homeless family service delivery system had evolved quickly, without adequate resources and with no accountability, staff took on a survivor's mentality not unlike the clients they served. This **mindset** created barriers to improving staff skills, to addressing causes rather than symptoms of homelessness, to believing that the program would provide more comprehensive services, and to understanding the value of evaluation data in improving client services.

Staff turnover was high, due to the change of philosophy and approach introduced through the research program. However, once a program supervisor who had a broader professional background and **self-sufficiency** orientation was assigned to the program, staff morale and professionalism improved.

As the program increased the degree of professionalism, it also increased the amount of written documentation that was required for each client. There continues to be frustration over the amount of time taken away from direct client contact to complete the necessary paperwork.

Approximately 6 months after the start of the Homeless Family **Self-Sufficiency** Project, it became apparent that adequate resources did not exist to provide the intensive, comprehensive services originally planned. The two areas critically lacking were transitional housing and substance abuse services.

Most program participants could not be stabilized, much less reach self-sufficiency, with only a **3-week** maximum shelter placement. Most families needed 30 to 90 day transitional housing to acquire the necessary income that would allow them to overcome their homeless crises and move on to longer-term self-sufficiency goals. Consequently, Portland Impact intensified fundraising efforts to expand the number of transitional units available to program participants. Additionally, clients were required to pay the utility costs of the units, allowing limited housing funds to go strictly for rent.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Portland Impact established client trust funds in which participants saved money for permanent housing. All clients receiving transitional housing agreed to have their savings cover utilities and any damage cost to the units. Implementation of this strategy encouraged client responsibility and decreased incidents of high utility bills and damages to the housing units.

Another issue was the number of homeless families who suffered **from** substance abuse. Several substance abuse-related support services were added to the program and have resulted in a high success rate for project participants. Expedited referral to treatment, **12-step-type** support groups, and **drug-and-alcohol-free** social activities have been incorporated into the program. **The** establishment of support groups has also encouraged the rebuilding of once nonexistent or weak social networks.

Initially, clients were not involved in the program except as recipients of services. Participants often became dependent upon individual case managers for emotional support and problemsolving. Resistant or assertive clients often were labeled as troublemakers and encouraged to go elsewhere for services. As the project's self-sufficiency philosophy was adopted by staff, clients were encouraged to use Portland Impact's grievance procedure for airing differences and unhappiness with case managers. The Program Supervisor instituted an "open door" policy for clients who filed complaints and established a weekly Client Empowerment meeting. The meeting allowed clients to share ideas for improving the operations of the program and to share concerns regarding service delivery directly with a supervisor. A mentorship program was also established, whereby successful program participants were encouraged to volunteer with the program to help other clients.

An attitude of "paying back the community," creating a sense of empowerment and self-respect, has been established with clients. Case managers are no longer reluctant to ask program participants for help. Clients now maintain the day shelter, testify at public hearings on homeless issues, conduct media interviews, and participate on Portland Impact's Family Resource Center Advisory Board.

The increased level of coordination between outside agencies and Portland Impact was a critical factor. While there was a history of cooperation, it reached a new level through the project. An excellent example was the willingness of State Children's Services Division to leverage foster care prevention funds with the project's rent assistance funds, in order to enable families to move into permanent housing. Children's Services Division also played an important role in providing care for children whose parents went into drug and alcohol treatment and then were reunited. Another example was the expedited access to welfare resources as a result of close coordination between State Adult and Family Services and Portland Impact. Project case managers were made aware of eligibility documentation that allowed clients to be better screened and prepared in applying for welfare. While self-sufficiency was the goal of all families, welfare played an important transitional step in the process toward independence.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

C. Outcomes

As noted, a set of 10 objectives for the Project were developed by program and research staff. In general, these objectives were met or exceeded.

Over 12 working agreements were established with organizations that provided services to project participants in areas such as housing, financial assistance, medical, social, drug and alcohol treatment, and basic needs. **These** agreements were renewed and maintained throughout the duration of the project.

In addition, a **number** of informal working agreements were developed with individuals, groups, and organizations that worked with project participants. For example, participants assisted participants and the program in a variety of ways. U.S. West Communications “adopted the Family Resource Center, providing materials, painting rooms, and giving toys. Xerox Corporation worked with a local Community Development Corporation to rehab, furnish, and provide other assistance to create a transitional house for two families.

Volunteers provided a wide variety of services to project participants. Volunteers provided free child care, free hair cuts, and assistance with budgeting and financial planning.

Qualified staff were hired as planned. They were given 60.5 hours of training by local service providers in the areas of alcohol and drug assessment, domestic violence, community resources, State agency procedures for intake and criteria for services, case management, cultural awareness and cross-cultural competency, client empowerment, and research and evaluation procedures. They also received training in counseling principles, AIDS information, mental health issues, team-building, and others. Finally, periodic training was provided on special topics.

A key project objective at the outset was to achieve a high rate of staff retention over the 16 months of service delivery. This objective was not realized as planned. Staff attrition was relatively high. The original program director for the Center left the position and was replaced by a masters-level counseling/case manager supervisor. Two case managers left the Center during the first year for professional reasons. Staff were hired to fill these two openings and remained through the rest of the project. Two other case managers **left** approximately 1 year later for personal and professional reasons.

Reasons for the case manager turnover include staff who obtained more highly-compensated employment and/or were ready to make a career move. In several cases, the case manager either felt “burntout” or wasn’t comfortable working with the multiproblem families seen by the Center. In addition, the Project brought an articulation of concepts, such as empowerment and the expectation of increased professionalism, which were not compatible for some case managers.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

As a part of the project methodology, weekly case management meetings were held with case managers, the program director, and a member of the evaluation team. In addition, staff from The Private Industry Council, who provided **onsite** employment services, attended. The meetings evolved during the Project from check-ins to case review sessions, with experts brought in as needed. **The** children's mental health counselor attended these sessions.

Measurement tools and procedures for collecting data were jointly developed by the Family Resource Center staff and the Project Administrative Team. They revised existing forms and created new forms to assist in data collection.

The evaluation staff developed initial and follow-up interview schedules and the scales for the structured interviews with the participating families. Feedback was obtained **from** Center staff prior to pilot testing and using these instruments. **Procedures** for case managers to introduce the research interview were provided in writing and in training sessions. Graduate social work students were hired to conduct the interviews and were provided training.

The evaluation design called for staff to conduct a structured interview with each program participant shortly after they came to the Center, and again at about 6 months after termination from the project. One-hundred fourteen initial interviews and 37 **followup** interviews were conducted.

The original design called for the project to recruit and assign 75 participants to intensive case management and 45 project participants to regular services. While this objective was essentially met, the program was redesigned shortly after the project began, and the participant mix was modified.

Finally, the project aimed to maintain a Family Resource Center that would provide access to a case manager and to integrated and comprehensive family services. This objective was fulfilled. Services provided included case management, employment training and placement **onsite** through a local private, **nonprofit** agency, transitional housing, housing stipends, alcohol and drug assessment and support (through both one-on-one support and a Narcotics Anonymous group), a women's support group, and other services. **The** day shelter was open 7 days a week, except during the summer months.

The original design for this project called for random assignment of clients to control (low case management) and intervention (high case management) groups. Although clients were assigned to these two conditions, two major barriers made it necessary to revise the design.

First, services important to high or intensive case management took longer to develop than expected and were not available until February 1990. Transitional housing was a special problem and could not be developed within the resources of the project.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Second, many families assigned to the intensive case management group left the program sooner than expected, and prior to receiving intensive case management. This attrition was **partly** due to the fact that certain services, such as transitional housing, were not available. The attrition was also due, in part, to some of the problems faced by these families such as criminal activities and drug use. In these cases, families may have moved on because they were not ready to use the services available.

The attrition resulted in two **main** problems for the integrity of the research design: 1) about half the families left Portland Impact before an initial research interview could be conducted, and 2) many families assigned to the intensive case management condition did not stay long enough to receive the services.

Several revisions were incorporated into the research design to accommodate these problems. In February 1990, a second cohort of families was selected to receive intensive case management services. All families **coming** into the program were included, precluding random assignment. Several programmatic changes were made aimed at reducing attrition. At the (i-month followup, persons from the original control group who had completed an intake interview ($n = 17$), and persons from the second intervention group who had completed an intake interview ($n = 47$), were recontacted. We were successful in finding about 50% of these people. In addition, a few families from the original intervention group recontacted the project and asked to participate in the follow-up interview. **They** were included and were paid for the interview. In this way, 37 families were accumulated. Each family had completed the pretest research interviews.

Unless otherwise indicated, the analysis is based on data from these 37 families. For some variables data are missing, resulting in a slightly smaller number.

The first component of self-sufficiency relates to a family's ability to obtain and maintain adequate housing. Two measures of housing are presented: the number of weeks housed (not homeless) in the past 6 months, and the housing situation at the point of interview. Table 9 presents data related to the number of weeks the family had been housed in the past 6 months.

For all three groups, the pretest means are lower than the **posttest** means. Overall, 24 families had made positive movement. The low case management families improved an average of 4.8 weeks, while high case management families moved an average of .9 weeks. The reader needs to keep in mind that the small numbers in each group and the high variability among families greatly influences these means. For example, in the high case management group, there are three families who moved in a negative direction, -9 weeks, -10 weeks, and -19 weeks. These three families greatly influenced the mean change for the high case management group, and overshadowed the positive movement by seven families.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

TABLE 9
Number of Weeks Housed in the Past 6 Months

Category	Low Case Management	Medium Case Management	High Case Management
Pro-test			
Mean	20	18	19
Range	6-25	0-25	0-25
Posttest			
Mean	24	22	20
Range	18-26	15-26	0-26
Difference			
Negative	2	3	3
Same	0	2	3
Positive	10	7	7
Mean	4.8	3.7	.9*
Range	-5 to +20	-5 to +26	-19 to +24

*No significant difference when tested with Analysis at Variance (ANOVA).

When this variable is tested using the intensity measure (combination of case management and number of weeks involved), the relationship approaches significance (t- test, $p = .088$).

Table 10 examines the families' housing situation at both the time of entry into the program and 6 months later. All families were in shelter during the first interview and this is shown as "no housing." Twenty-four of the 37 families were in their own home or apartment at followup, and another 6 were sharing housing with family or friends. The six possible housing situations were recoded to three: no housing, other situations, and own home. The differences among the three levels of case management were tested using a **chi-square** analysis. No significant difference was found. It is important to note that 10 of the 13 high case management families were in their own home or apartment. The intensity analysis shows a similar pattern.

TABLE 10
Housing Situation of Families
(Frequency)

Category	Low Case Management	Medium Case Management	High Case Management
Pretest			
No housing	12	12	13
Posttest			
No housing	0	2	0
Jail/Tx Program	1	1	1
Motel/hotel	0	1	0
Shared with Family/Friends	4	1	1
Own Home/Apt.	7	7	10

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Three variables were used as indicators of income and employment status: monthly income of the family, whether any adult family member was employed, and whether the family was receiving benefits, Table 11 presents data related to change in monthly income. The means reported in Table 11 include those families who reported having no income.

TABLE 11
Monthly Income

Category	Low Case Management	Medium Case Management	High Case Management
Pretest			
Mean	\$331	\$532	\$402
Median	284	439	423
Range	0-900	0-1200	0-1300
Posttest			
Mean	\$644	\$605	\$827
Median	512	500	856
Range	0-1600	0-1500	0-1700
Difference			
Mean	\$313	\$74	\$424*
Median	182	36	402
Range	-900 to +1340	-900 to +1350	-616 to +1700

*No significant difference when tested with ANOVA.

Three families received the same income at both follow-up and intake interviews. Eleven families reported a lower monthly income at followup, and 23 families reported a higher monthly income at followup. There was no significant difference among the three levels of case management on this variable. The average amount of change was greatest for the high case management group. In some cases, those reporting high monthly incomes were suspected of obtaining money from illegal activities.

Table 12 displays the findings related to employment status using categories of "unemployed," "employed part-time," and "employed full-time." Twenty-five of the 37 families reported the same employment status at both intake and followup. Eleven families reported positive movement, and six of these families were in the high case management group. There was no significant difference among levels of case management on this variable.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

TABLE 12
Employment Status
(Frequency)

Category	Low Case Management	Medium Case Management	High Case Management
Pretest			
Unemployed	9	9	11
Part-time	1	1	1
Full-time	2	2	1
Posttest			
Unemployed	8	8	6
Part-time	0	0	2
Full-time	4	4	5
Difference			
Negative	1	0	0
Same	8	10	7
Positive	3	2	6

Table 13 presents the change in benefit status. The overall number of families who were living on income only from employment went down at the point of follow-up. **This** is a positive finding since many families who were eligible for benefits were not signed up at intake and were living on no or little income. The major change in status seems to be from “no income” to “benefits only,” and **from** sole reliance on benefits to a combination of benefits and income. Few families moved completely off benefits.

Table 13
Benefit Status
(Frequency)

Category	Low Case Management	Medium Case Management	High Case Management
Pretest			
No income	2	3	6
Benefits only	7	6	5
Employment and benefits	10	1	0
Employment only	3	2	2
Posttest			
No income	3	2	0
Benefits only	3	6	4
Employment and benefits	5	4	7
Employment only	1	0	2
Difference			
Negative	2	2	0
Same	6	8	4
Positive	4	2	9
Mean	.00	.00	1.0*

*Significant at $p = .008$, tested by ANOVA.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

The change scores form a scale ranging from -3 to +3. An analysis of variance (ANOVA) was computed on the mean differences among the three groups. There is a significant relationship between the level of case management and change in this variable. Families receiving high case management seemed to move the farthest away from dependency on benefits alone. The analysis using intensity of services confirms this finding. The t-test between high intensity users and low intensity users approaches significance at $p = .071$.

Indicators of personal and family functioning used in this study of self-sufficiency include the Family Situation Questionnaire and a self rating of health. In general, families rated their functioning more highly at followup. Families in all three case management groups perceived their situation as worse at followup with regard to their need for clothing, food, and household items.

TABLE 14
Family Situation Questionnaire

Category	Low Case Management	Medium Case Management	High Case Management
Pretest			
Family cohesion	2.5	3.6	3.5
Problem solving	2.9	2.7	3.0
Marital happiness	3.0	2.9	3.7
Parent effective		3.4	3.4
Concrete needs	2.8	2.7	2.8
Family crisis	1.6	2.0	1.9
Posttest			
Family cohesion	3.5	3.7	3.8
Problem solving	3.1	2.8	3.3
Marital happiness	3.0	3.5	3.5
Parent effective	3.4	2.5	3.5
Concrete needs	2.6	2.6	2.5
Family crisis	2.6		3.0
Difference			
Family cohesion	.75	.08	.33*
Problem solving	.60	.14	.36*
Marital happiness	.12	.89	-3.12*
Parent effective	.29	-.11	.11*
Concrete needs	-.20	-.30	-.29*
Family crisis	1.04	.65	1.10*

*No significant difference when tested with ANOVA

The largest positive change was seen in the family crisis subscale. All three case management groups showed positive change on this scale, suggesting that families were less in crisis at the 6-month followup than when initially seen in the program.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Table 15 reports on findings related to health status. Self-ratings from one adult family member are reported in this table. In the case of two parent families, the health rating of the mother was used. Although some family members reported having serious health problems, most rated their health positively. There is no statistically significant difference among the three case management groups on health ratings. The intensity analysis, while not achieving significance ($p = .185$, t-test), does suggest that both the medium case management and the high case management families were more likely to report improvement in health, while the low intensity families were more likely to report a negative change in health or no change.

TABLE 15
Health status of primary adult family member
(frequency)

Category	Low Case Management	Medium Case Management	High Case Management
Pretest			
Excellent	1	1	23
Very good	3	4	2
Good	5		5
Fair	2	2	2
Poor	0	3	1
Mean	2.6	3.2	2.7
Posttest			
Excellent	5	2	3
Very good	5	2	5
Good		6	3
Fair	2	2	2
Poor	0	0	0
Mean	2.8	2.7	2.3
Difference			
Negative	2	2	2
Same	5	4	5
Positive	4	6	6
Mean	.09	.58	.38*

*No significant difference when tested with ANOVA.

Social support was assessed using two indicators. These indicators included: 1) the number of persons the family could call on in an emergency), 2) how often they saw the closest support person, 3) how comfortable they felt talking with this person, 4) how available this person was to help them, and 5) how helpful this person was. Respondents rated their relationships on a seven-point scale. The results are found in Table 16.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Table 16
Social Support System

Category	Low Case Management	Medium Case Management	High Case Management
Pretest			
Number of persons	3.9	4.6	4.2
How often see	5.0	4.8	4.9
How comfortable	5.9	5.3	5.3
How available	5.4	5.3	5.0
How helpful	5.7	5.5	4.9
Posttest			
Number of persons	4.4	4.0	4.3
How often see	5.1	5.3	5.7
How comfortable	6.1	4.8	5.2
How available	6.0	5.4	5.1
How helpful	7.0	5.3	5.0
Difference			
Number of persons	.70	-.58	.17*
How often see	.29	.51	.74*
How comfortable	.11	-.49	-.17*
How available	.37	.13	.13*
How helpful	-.14	-.17	.21*

*No significant difference when tested with ANOVA

Most families reported that there were about four persons they could call in an emergency. This mean was slightly higher at **followup** for the low and high case management groups and lower for the medium case management group. There are few consistent patterns of change on these variables. **How** often they saw their closest support person seemed to increase over time for all three groups of families. **Patterns** of responses varied on the other variables and, in most cases, changes were slight. **There** were no significant differences among the three case management groups on these variables. The intensity analysis helps to clarify these findings. Although there were no significant differences between the high and low intensity groups, **the** difference scores were greater for the high intensity group on all social support variables.

IV. Discussion of Findings

A. Impact of the Project on Clients

The demographic characteristics of the homeless families served by the project suggests that these are young families (average age of adults was 30) with young children (50 percent of the children were under 5 years old). Most of the families bring skills and personal resources to the situation. Most of the adults had at least a high school education and most had supported themselves through employment in the past year. About a quarter of the families included an adult who was employed at the time the family became homeless.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

The history of housing and homelessness, however, suggests that these are families who have lived on the edge for some time. Fifty-nine percent of the families had been homeless for 4 weeks or less when they came to the Family Resource Center. However, 16 percent had been homeless 13 weeks or more. During their period of homelessness, participants stayed in a variety of places. About half of the adults had been homeless in the past. Prior to becoming homeless, these families owned or rented their own homes. The most common reason for becoming homeless was eviction due to inability to pay rent.

A small percentage of these families might be categorized as chronically homeless. **The** homeless couples who came to the shelter without children seemed to be the most likely families to exhibit extensive periods of time without permanent shelter. Many of the two-parent and single-parent families seemed to have become homeless fairly recently, although their past history often included earlier periods of homelessness and marginal housing.

All families, regardless of family composition, were eligible for all services. In order to test the effectiveness of increased case management with homeless families, comparisons were made between families who received a low number of case management hours with families who received a high number of case management hours. The high variability among families and small number of families who could be located for follow-up interviews resulted in few significant findings. However, the trends in the data suggest a fair amount of impact on the families served. **The** following summary of findings is based on 37 families who were located for a follow-up interview. Many additional families received intensive case management through the program.

Many of the families made positive movement toward self-sufficiency. The most striking impacts are in the areas of housing, income, and employment. The findings indicate that those families who received high case management were significantly more likely to move from a condition of no income or dependence on AFDC benefits to a condition of supporting themselves through a combination of employment and benefits. **The** difference between families who received high case management and low case management was significant. Few families, however, were able to support themselves through employment alone at the point of follow-up.

Families who received high levels of case management also appeared to exhibit greater positive change in their housing situation; 10 of the 13 families who received high case management were in their own home or apartment at follow-up as compared to 7 of the 12 families who received low case management.

The monthly income of the families who received high case management increased by an average of \$424 as compared to \$313 in the low case management families. Although there was less change, overall, in employment status, 6 of the 13 families who received high case management showed a positive change in their employment status as compared to 3 of the 12 low case management families. These differences were not statistically significant.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

Two other aspects of self-sufficiency were also examined - family/personal functioning and social support. **The** largest positive change in family and personal functioning was seen in the family crisis subscale. All three case management groups showed positive change on this scale, suggesting that most families were less in crisis at the 6-month **followup** than when initially seen in the program. In addition, small positive changes were seen in the health ratings of the families who received both medium and high case management, as compared to less positive or negative change in the health ratings of families who received low case management.

There are few consistent patterns of change on the social support variables examined. How often the family saw their closest support person seemed to increase for all three case management groups, with the greatest increase in the families who received high case management.

Perhaps the most important finding is that most families make positive moves toward self-sufficiency when given some support in the form of case management. Because of the diversity of skills, strengths and life situation, some families who received intensive case management made a small amount of change while other families who received low case management showed great improvement in their situations. **This** suggests that an initial assessment of a family's skills, resources, and willingness to work toward self-sufficiency is crucial to the wise expenditure of limited funds.

B. Expected as Compared to Actual Outcomes

The overall goal of the project was to examine the effect of case management, especially intensive case management, in helping homeless families move from homelessness to self-sufficiency. Project staff expected that some families would be more successful than others, but that on the whole, when given proper supports, families would make positive movement toward self-sufficiency. **The** definition of self-sufficiency used in the project was ambitious and staff expected that families would not attain complete independence. However, it was expected that many families would maintain or identify a source of income and would develop a permanent living situation.

Of the families involved in the follow-up interviews, only two were homeless in the same manner as at intake. Another 10 were marginally housed, primarily with family and friends. Similarly, the income of most families increased, as well as the level of employment. Movement **from** no income to dependence on benefits and income was significant. It is less clear how much the case management contributed to this movement.

As anticipated, the participants at the Family Resource Center were primarily young adults with young children. One surprising finding was that close to a quarter of the families had at least one adult who was employed at the time they came to the shelter. Another unanticipated characteristic was the generally high educational level. Although project staff were aware of a general need for alcohol and drug abuse

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

treatment for homeless families, this was a far greater need than was anticipated. The resistance of the adults to revealing or requesting treatment for alcohol and drug problems was not anticipated. **The** presence of alcohol and/or drug problems was a complicating factor for many families in terms of staying in the emergency shelter, obtaining and maintaining employment, and obtaining housing.

Another unanticipated characteristic of the families was the level of violence that they had experienced. Staff were aware that families and children were often subject to violence and crime while on the streets and included some questions to this effect in the interviews. Staff were less aware of the impact on the women of domestic violence, child and adult sexual violence, and child abuse. The impact of this victimization was not apparent until case managers had formed a relationship with the women. In many cases, women who had been victims seemed unable to progress toward self-sufficiency without also addressing earlier trauma.

Related to this victimization was the small group of families in which one adult (usually the man) was criminally involved. Again, this was often discovered after the family had left the program, but sometimes the women discussed her husband's past record in the initial interview. Although small in number, this group of families usually had many problems, often complicated by drug and alcohol abuse. These families were usually unable or unwilling to reveal enough about themselves to access services. In addition, they usually left the program quickly to avoid detection.

Project staff knew from the outset that one of the major challenges of the project would be to identify and coordinate multiple services provided by multiple agencies. During the early months of the project, comprehensive services were not always available. However, as the partnerships developed, it was heartening to observe the collaborative abilities of the service delivery system. Agreements were reached so that many, but not all, services could be provided on site. Access to services that were not **colocated** was streamlined. It is clear **from** this experience that uncomplicated access to services is one key to engaging homeless families.

Another unanticipated barrier was the **difficulty** of locating and maintaining transitional housing. Although some transitional housing was available throughout the project, it was difficult to coordinate the availability of this scarce resource with the needs of the families. Lack of available transitional housing was probably responsible for some families leaving case management before completing their service plan. It should be noted, however, that a family's decision to leave was as much related to the life situation of the family as it was to the array of services provided. Even if the program had offered the most comprehensive service imaginable, many families would have left because they were unwilling or unable to meet the conditions for service, or thought they could find a better life elsewhere. However, more comprehensive housing might have encouraged some families, particularly single women and children, to stay involved with case management.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

As the Family Resource Center staff were discovering more about how to provide case management to homeless families, the research staff was also developing an understanding of how to engage homeless families in research. **The** evaluation design was revised twice during the 2 years of the project to accommodate the changes that occurred in the program, as well as the special issues that arose as we came to understand the families better.

The biggest research issue was that of attrition. Attrition happened in three ways: families failed to complete the initial interview, left the program, and were unavailable for the follow-up interview.

It is important to remember that participation in a research interview is not the most important aspect of a homeless family's life. During the time that the initial interviews were being conducted (October 1989 to June 1990), 282 families were seen at the Family Resource Center (**FRC**). Of these, 41 (14%) refused to participate in the research. Some of these families refused because they knew that they were not going to continue with the services and did not wish to commit themselves to returning for the interview. These families were often traveling through Portland and were requesting a brief period of shelter. Of the 241 families who agreed to participate in the research, 48 percent actually completed the initial interview.

There were many reasons why family members were not interviewed as scheduled. In some cases, the family left the program after a few nights in the shelter and before the interview for which they were scheduled. There were no apparent reasons for many of the "no shows," however. We assume that transportation problems, lack of child care, or other appointments may have made it difficult for families to return to the FRC for the interview.

Paying families for the interview was an important incentive to participation. Initially, families in the intervention group were not paid for the initial interview. It was thought that the interview would be incorporated into the ongoing case management process. Individuals quickly figured out that the families in the comparison group were being paid and the families in the intervention group were not. This caused a small amount of discontent. After the second revision of the evaluation design, all participants were paid for the initial interview. This raised the interview rate from 44 percent (10/89 to 1/90) to 53 percent (2/90-6/90). Our conclusion is that families should be paid for participating in interviews. In order to make the payment a real incentive, an amount closer to \$50 would be required. Even at this amount, the logistics required for many families to return to the program for the interview would be more overwhelming than the incentive provided.

An analysis of the demographics of those interviewed compared to those not interviewed revealed no significant differences on variables such as age, education, or employment. There was a slight difference (nonsignificant) between the two groups on the variable "children in the family." Those families without children were more likely to complete the interview. The practical explanation is that families who had children with them in the shelter had more **difficulties** to overcome in order to make the interview. For

CHAPTER 13. HOMELESS FAMILY **SELF-SUFFICIENCY** PROJECT

most families, it was necessary to bring their children to the interview. For some families, this meant a bus trip across town with children. Although child care was provided during many of the interviews, it was not reliably available and, therefore, was not consistently offered to parents.

One of the most frustrating aspects of this research project was the inability to successfully implement the **planned** research design. This design called for the random assignment of families to intervention (intensive case management) and comparison (regular case management) groups. There were two barriers to the success of this design.

First, random assignment began immediately after project startup (October 1989) but prior to full implementation of the project. Random assignment should have begun only after the program was completely implemented.

The second barrier to achieving the random design was the failure of the families to participate in the condition to which they were randomly assigned. This was a particular problem with families assigned to intensive case management. It was assumed that, if offered a year of intensive case management, most families would be happy to involve themselves for an extended period of time. This was not true. In the early months of the project, the families assigned to the intervention group had a service utilization **profile** that was similar to the families assigned to the comparison group. The fact that there was very little difference between the services received by the two groups moved us to a second revision of the evaluation design.

The second revision of the evaluation design called for selecting a new intervention group beginning in mid-February and continuing until June 1, 1990. During this time, all clients who came to the FRC for services were assigned to intensive case management, all families were paid \$20 for an interview, and the follow-up interview was set at 6 months rather than a year. Interviewing was extended until the end of June because the number of families entering the program slowed down due to the warm weather and the seasonal closing of church shelters. Forty-seven families were interviewed during this time and formed the second intervention cohort. These families, plus the families from the original comparison group (who had completed the initial interview), were the focus of location efforts for the **6-month** follow-up interview.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

C. Institutional Impact

1. Community Action Agency (CM)

The application for the Homeless Family Self-Sufficiency Project was submitted to the **Office** of Community Services in August 1988. Over the past 3.25 years, the approach of the Multnomah County Community Action Program Office (CAPO) towards services to homeless families has undergone major changes. These are both directly and indirectly related to the impact of developing the grant application and implementing this project. These institutional impacts fall into three areas: Community Action Agency Responsibilities and Partnerships, Homeless Family Intervention Model, and Resource Development.

A. CAA Responsibilities and Partnerships

As a result of the development and award of this grant, the Multnomah County **CAPO** became the recognized lead agency for policy, resource, and service development related to homeless families. Consequently, **CAPO** assumed the lead agency responsibility for a number of related resource development efforts described below.

Successful execution of this lead agency responsibility on the part of the County has required the commitment of other funders and the development of strong community partnerships. This has been carried out through the City-County Funders Advisory Committee (**FAC**), an interjurisdictional and **public-private** body organized in July 1988. The FAC was intended to provide a focal point for coordination of funding and policy decisions related to ~~the~~ provision of emergency basic needs and community action services in Multnomah County.

Through the membership of a Multnomah County Commissioner and the Community Action Board on the FAC, the County has taken the lead on development of services to homeless families. The City of Portland, represented by a City Commissioner, has assumed the lead role for services to homeless singles. **Through** the FAC, the Housing Authority of Portland (HAP), a quasi-public agency, has taken a lead role on the planning and development of emergency shelter and transitional housing facilities for homeless individuals and families, including a major plan. ***Breaking the Cycle of Homelessness***, issued in November 1989. **In** addition, these initiatives have been coordinated with the United Way's activities through its membership on the FAC.

The organizations mentioned above, along with representatives of the religious community and the foundation community, were members of the FAC when it was initially organized. Subsequently, the Portland Metropolitan Chamber of Commerce was added as a member. **The** Chamber has played a major role in committing private sector resources to **fund** long-term case management for homeless individuals and families who are placed in permanent housing. These commitments have been essential to the

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

County's ability to obtain foundation grants which have furthered the development of services to homeless families.

In the past year, other jurisdictions have been added to the FAC, including the City of Gresham (the second largest city in Multnomah County), the State Department of Human Resources (**DHR**), and the State Housing and Community Services Department. These later additions have strengthened the County's partnership with the **DHR's** Adult and Family Services Division (public assistance and Job Opportunities and Basic **Skills**), Children's Services Division (out-of-home care), and Housing and Community Services Housing Development.

B. Community Action Agency Homeless Family Intervention Model

As a direct result of implementing this Homeless Family Self-Sufficiency Project, the County's intervention model for providing services to homeless families has undergone significant evolution over the past 3 years. The current intervention model is based on the provision of family-centered services through community-based, private nonprofit agencies.

Characteristics of this model include the following:

- A continuum of emergency, transitional, stabilization, and prevention services: this has required a movement away from a crisis orientation of services delivered by paraprofessionals toward a self-sufficiency orientation of services delivered by trained professionals.
- Provision of comprehensive and integrated services, which has required much greater collaboration among public services provided through State and County delivery agencies, as well as private services provided through different community-based delivery systems (community action, alcohol and drug, and mental health).

Onsite assessment and support services (not including treatment services) provided by the case management agency, including alcohol and drug after-care support services for recovering abusers, and domestic and sexual violence support services. **This** has required building the capacity of community-based case management agencies to provide such support services.
- **Onsite** support services provided by other agencies, including employment, health, income maintenance, and mental health. This has required developing extensive collaborative networks among public and private service providers at both the organizational and line worker level.

Client involvement and empowerment and cultural relevance in the provision of services. **This** has required, and continues to require, both increased professionalization and training among service providers.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

- The availability of opportunities for emergency shelter, transitional housing, and permanent housing. **This** has required, and continues to require, extensive resource and facility development efforts to expand transitional and permanent housing opportunities, which were not adequate for this project.

As this intervention model has evolved, the **CAPO** and its partners have sought to implement this **family**-centered service model throughout the County's community based service delivery system. This system is built around seven geographically-based community service centers, of which Portland Impact is one center serving inner southeast Portland.

C. CAA Resource Development

The Demonstration Partnership Program (DPP) grant for the Homeless **Family** Self-Sufficiency Project provided a foundation on which to develop the family centered service model in Portland Impact's service area. In order to build upon the DPP grant and expand the implementation of this model countywide, the County has pursued a number of grant opportunities to expand services to homeless families.

2. Primary Partners

The project affected Portland Impact in several ways. Homeless services took on a more predictable, long term-focus. The day shelter's crisis mode of operation gave way to assisting clients in planning ahead, including making appointments for services. While this initially may have seemed insensitive and unresponsive, it resulted in clients exhibiting more responsibility for the program, and improved motivation toward achieving longer-term self-sufficiency goals. Shelter continued to be provided immediately, but support services were delivered in the context of an overall plan and process. Information gathered from client conversations indicated that the project created a feeling of stability and security rather than crisis and unknown futures.

The project also changed Portland Impact's approach to substance abuse detection and treatment. Initially, the agency believed that well-trained case managers, using a self-disclosure approach, could adequately respond to client substance abuse issues. **The** project revealed that this was not true, due to the specialized skills and knowledge required to effectively work with substance-abusing clients. It also became apparent that a case manager trained specifically in substance abuse issues was better able to rely on intuition and "street smarts" when clients were reluctant to engage in self-disclosure. **The** importance of after care support services became evident. In fact, a number of clients had received treatment, but were in relapse due to the lack of **aftercare** and the need to return to housing located in drug-infested communities. The project's inclusion of drug- and alcohol-free social events became more important in preventing relapse than originally anticipated. Consequently, Portland Impact is evaluating all of its programs and the degree to which substance abuse issues are identified and effectively resolved.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

The project reaffirmed Portland Impact's belief in delivering services that empower clients. The client advisory group recommended valuable operational changes and converted client complaints into client/agency problemsolving.

3. State

The institutional impact of this grant upon the State of Oregon has been on several levels described above and below. This has included the funding and policy level in terms of better coordination with the County and other funders and the service delivery level in terms of improved coordination with Portland Impact and other providers.

Related developments, not resulting from this grant, have included the following actions by the 1991 Oregon Legislature: adoption of the reduction of homelessness as a State goal; enactment of a Housing Trust Fund including funds for construction, as well as funds for housing stabilization administered by Community Action Agencies; and creation of a Housing and Community Services Department to bring together the State's housing development efforts with community-based service delivery through CAAs. These developments bode well for strengthening partnerships with the State in future efforts.

4. Other Organizations

Overall coordination, leveraging of resources, and avoidance of duplication of effort were enhanced on an institutional level with the project's secondary partners. The State Children's Services Division (CSD) concluded that the project prevented families from entering their system and reduced the time children needed to be in foster care. Staff exchanges have been instituted whereby a CSD Branch Manager sits on Portland Impact's Advisory Board and homeless case management staff serve on CSD's Case Review Screening committees.

State Adult and Family Services (AFS) indicated an interest in instituting the project's informed consent form as a standard way of sharing client information. While client confidentiality was maintained during the project, the consent form provided clients with the option to have information shared that would enhance service delivery and provide valuable evaluation data. AFS is also considering having welfare application forms onsite at the day shelter to further expedite processing. Once again, access to welfare is an important step in order for many homeless families to attain self-sufficiency.

Private Industry Council and State Employment Office staff were able to serve homeless populations that were inaccessible prior to the project. Both organizations recognized the need to have services located in communities and have begun to establish satellite offices.

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

The project's comprehensive services allowed the County Health Department to more fully assess the medical needs of homeless families and connect them with medical care. The Health Department has gained a better understanding of the homeless situation and conducted more outreach and **onsite** services for families. Additional funding and program modifications have been developed to accommodate homeless families as a result of the project's research and statistical information. Many clients have become connected with community health clinics because of the project's **onsite** nurse. This connection has allowed many to continue medical care, particularly for the children, beyond their involvement with the project.

D. Research Significance

This research makes a contribution to the growing body of knowledge about families who are homeless, not only through the analysis of follow-up data, but also through the description of the families' characteristics, experiences, and life situations. At the inception of this research project, only one other follow-up study of homeless families could be located. Although other follow-up studies have been initiated in the 2 years that followed, this study will contribute to the understanding of what variables can be expected to change in a short period of time, and how case management as an intervention strategy will impact the lives of poor families without homes.

The continued examination of both the initial interview and the follow-up interview data will result in publications focused on specific aspects of the lives of homeless families. Currently, three separate reports exist or are in the process of development. One examines the health care and health care needs of homeless families and their children. A second reviews the issue of violence in the lives of homeless families, with special emphasis on domestic violence. The third will focus on the needs of the children who came to the shelter, with emphasis on their emotional and behavioral well-being. Additional analysis of the data, primarily supported through university resources, will continue.

E. Replication Issues

The most significant replication issue is the importance of a comprehensive, integrated family service delivery model. **The** project allowed Portland Impact to develop partnerships that expanded the array of **onsite** services to homeless families. Such ease of access resulted in clients obtaining and successfully utilizing services that they otherwise would have avoided due to the time and distance required to go to different service sites. This was particularly true in the areas of mental health, substance abuse assessment and support, and employment.

This delivery model is now being replicated through Portland Impact for an entire targeted low-income neighborhood. As a newly designated State-wide demonstration site for Human Investment Strategy Family-Centered Service Systems, the State will provide technical assistance and support to further

CHAPTER 13. HOMELESS FAMILY SELF-SUFFICIENCY PROJECT

strengthen service partnerships. The service delivery model initiated through the Homeless Family Self-Sufficiency Project will likely become one example of how State family services will eventually be delivered in Oregon.

Another important aspect of replication is the necessity to ensure a full continuum of housing for all clients requesting services. **The** lack of available transitional housing caused high client turnover and affected client motivation toward long-term self-sufficiency goals. The uncertainty of obtaining housing often encouraged clients to continue their crisis behavior, and to reject supportive services that would have helped stabilize their situation. From a case manager standpoint, the lack of transitional housing as an intervention tool encouraged a feeling of failure and reactive rather than proactive case management.

In replicating the successful features of the project, **staff training cannot** be overemphasized. While project staff received significant amounts of training in specific service need areas, they lacked a fundamental basis for assessing and responding to service needs. Issues of professionalism, empowerment, and capacity building were originally omitted from staff training. This resulted in a lack of a common philosophy and skills to move clients from a crisis to proactive orientation in resolving their self-sufficiency issues. Despite the addition of client skills on the project's intake form, staff were unable to effectively utilize the positive skills inventory in their day-to-day work with clients. Portland Impact's next demonstration project will utilize the Oregon Children's Services Division's family unity training, in order to establish a common philosophy and assist staff in developing specific skills regarding client empowerment and capacity.

A common myth among providers and the public is that homeless families are too much in need to successfully respond to requests for community service. The project showed example after example of families who were able to provide a service back to the community despite their own crisis situation. Once a family was stabilized in transitional or permanent housing, it often responded enthusiastically to requests for help from both fellow clients and Portland Impact. Rather than feeling overwhelmed by the expectation to provide community service, most families felt honored. This project feature is now being integrated with all Portland Impact programs. Client repayment for services through community service has proven to be an effective empowerment tool that encourages long-term self-sufficiency,

The final program-related replication issue is acknowledging the importance of ongoing **followup** and support to families who have reached their self-sufficiency goals. The tremendous demand upon project staff to provide crisis and intervention services often left little time for stabilization support. Families in permanent housing were **often** left alone to deal with new or reoccurring problems. Consequently, these problems developed into crises that jeopardized the self-sufficiency gains made by many families. Any future project working with homeless families needs to build in the staff support and resources necessary to visit families in permanent housing and intervene when necessary.



Chapter 14

Homeless Employment Partnership

Metropolitan Development Council

Tacoma, Washington



CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

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Tacoma, Washington 98402

Agency Director: J. Linsey Hinand

Evaluator: Dennis McBride, Ph.D.

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Telephone: (206) 383-3921

Project Type: Case Management

Project Title: Homeless Employment Partnership

Model: Quasi-Experimental, Pre-Post Random Design

Project Period: May 1989 to March 1992

I. Background

A. History of the Program

The Homeless Employment Partnership (**HEP**) program began operations on November 1, 1989, under a grant **from** the Office of Community Services. The original project design called for the screening and placement of 120 homeless clients into a computer-based learning enhancement program (Comprehensive Competencies Program [CCP]) sponsored by the Tacoma Urban League. After completion of the CCP, clients were to be placed into jobs through the advocacy of a staff Job Developer (also subcontracted through the Urban League). Successful completion of the learning enhancement program and successfully achieving employment made clients eligible for project budgeted housing assistance subsidies and housing counseling (provided under subcontract with another partner agency, the Pierce County Community Action Agency).

The project called for the establishment of a jobs Resource Center to be staffed under subcontract with another partner agency (the Martin Luther King Center). The Resource Center was to maintain client access to telephones, post office mail boxes, job listings boards, a clothing bank, a storage area for personal belongings, laundry and shower facilities, limited travel assistance through bus tokens, and referral to other supportive services.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

Other case management support in the form of substance abuse or mental health counseling was to be provided to clients through the lead agency, the Metropolitan Development Council (MDC). A full-time Chemical Dependency/Mental Health Counselor was made available.

The project was designed to provide employability assessment to a projected 250 users of the Resource Center. Those deemed most employable were to be further assessed for placement into the case management/CCP program component. Completion of the CCP was to lead to a fast track for job placement and housing assistance for quick stabilization of project clients. The project was designed to assist the most employable into employment and self-sufficiency as quickly as possible. It was not designed to concentrate **staff** time or resources on the long-term, chronically unemployed homeless.

It became apparent at an early point in the project that very few homeless individuals really wanted to go to school for 6 weeks while they were displaced and homeless. Also, testing conducted by the CCP Program Educator indicated that few individuals referred for CCP services actually were in need of them. Most individuals tested at the 11th or 12th grade level, and some at the college level. The demonstrated need to **find** immediate employment and the high level of educational attainment **led** us to seek **modification** of the project design in February 1990.

Beginning March 1, 1990, the primary focus of the evaluation shifted **from** the CCP Program as the major intervention to an examination of the effectiveness of the full range of case management services provided through the partnership in bringing about employment and job retention. Originally, the housing subsidy was to be provided based upon broader threshold criteria utilizing such case management information as **length** of time in the community, length of time unemployed, relative stability, achievement scores (minimum 10th grade achievement), no noted mental health or substance abuse problems, and employment in the Pierce County catchment area. The availability of counseling services was changed **from** post-CCP completion to completion of initial intake and a positive case **staffing** by the project team. The Job Developer began working with all "serious" clients upon completion of intake and staffing instead of initiating placement activities only upon completion of the CCP.

B. Purpose of the Program

Despite the shifts made in the program, the primary goals remained unchanged. The program's aim was to provide a rapid transition to the work force for those homeless individuals who could be job ready with short-term assistance. **The** Partnership focused the energy of participating agencies on issues of self-sufficiency. Employment remained the prime goal of all service to homeless men who were employable in Pierce **County**. **The aims** of the HEP program are summed in three goals:

- I. To overcome the barriers to self-sufficiency among men who are homeless in **Tacoma-Pierce County** and have the potential for rapid transition to employment.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

- II. To foster unity and cooperation among programs that currently provide service to men who are homeless and those who indicate an interest in addressing the employment needs of these men.
- III. To improve the general quality of life for homeless men in Tacoma-Pierce County.

II. Program Description

A. Overview

Prospective clients for the program are screened by an outreach counselor at a facility that provides **laundry**, clothing, shower facilities, and a resource room that has a phone, typewriter, stationary, and other supplies for use in job searches. **The** resource room is located close to shelters and meal facilities. As prospective clients walk from the shelter to meals, they go by the facility, which provides coffee. This partially accounts for the large number of clients that come into the facility on a daily basis (over 1,300 homeless individuals have visited the facility since it opened).

Those interested in the employment program are assessed for employability. Assessment includes testing for education level, employment history, mental health/alcohol problems, and **financial** eligibility. Those accepted into the program (determined by the case manager) are then randomly *assigned* to one of two groups: an intervention group, or case managed (CM) group, whose members entered directly into the HEP program (which includes wrap-around case management, job placement, and housing subsidy), and a “waiting control” group, or information and referral (I&R) group whose members do not receive CM services for 90 days. A client flow chart depicting this process appears in Figure 1.

It should be noted that three separate groups received services. All homeless **people** coming into the HEP building received resource room (personal maintenance) services as did the clients in both the control and intervention groups. In addition, the control and intervention group received information and referral services. **The** intervention group alone received “employment intensive” services. A breakdown of these services for each group is depicted in Figure 2.

Both the personal maintenance, I&R, and intensive employment services were expected to contribute to improved employment. Hence, the personal maintenance and I&R services may also have enhanced employment opportunities among the control group. Nonetheless, the major intervention to be tested by the design was the employment intensive services: wrap-around case management, job development, and housing subsidy. The effects of these services were being tested over and above the personal maintenance and I&R services. The CM services are described below.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

The “wrap around case management intervention. All clients who are enrolled in the intervention group received comprehensive case management services from HEP staff. For those in the intervention group, an outreach counselor developed an individual service plan (case management plan) and coordinated the services while acting as an advocate for the client. Services included the following:

- a. Direct financial aid was provided for transportation to job sites and for identification (ID) assistance. Transportation assistance included bus tokens to and from work during the initial weeks of employment, and bus tokens for accessing needed community services. I.D. assistance included costs associated with acquisition of a valid birth certificate, State identification card, and social security number.
- b. One-on-one advocacy occurred between the assigned case manager and the intervention group client. Advocacy included linkage with community treatment providers for mental health, chemical dependency, and primary health care needs. Additionally, clients were directly assisted in accessing entitlement support.
- c. Job readiness counseling occurred between the case manager and intervention group clients to support job acquisition. This included coaching for interviewing and resume development assistance, as well as support for appropriate grooming and personal hygiene.
- d. The Case Manager supported job retention by providing a liaison between client and employer if needed. **This** was to occur in addition to scheduled, formal follow-up procedures conducted by the job developer.

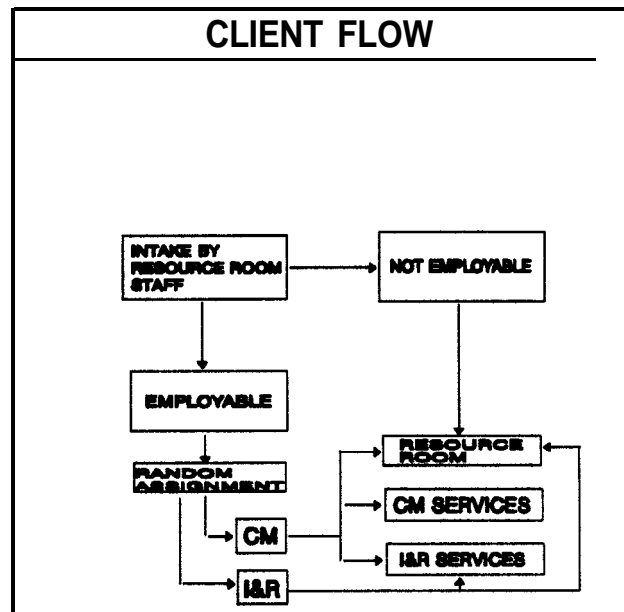


FIGURE 1

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

FIGURE 2
Primary Services By Group

All Homeless	Control Group	Intervention Group
Resource Room	Information & Referral	Case Management
Shelter	Shelter	Shelter
Shower	Shower	Shower
Laundry	Laundry	Laundry
Clothing	Clothing	Clothing
Telephone	Telephone	Telephone
Mail	Mail	Mail
Personal Hygiene	Personal Hygiene	Personal Hygiene
	Job Referral	Job Referral
	Bus Tokens	Bus Tokens
		Bus Passes
		Financial Assistance
		Job Assistance
		Post Employment Advocacy
		Housing Assistance

B. The Role and Process of the Job Developer

The Job Developer served as the central hub for interchange and contact with employers, for placement, and for **followup** of clients who were working. The Job Developer was to spend considerable time in the field identifying potential employers and developing job opportunities for the case-managed clients. Clients were to be referred to the Job Developer for interview and job referral only after they had completed the intake form, been evaluated as competent for program participation, and randomly assigned into the case management intervention group. Resource Room clients in the randomly assigned waiting control group, were not to be referred to the Job Developer until they had entered the intervention group at 90 days.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

C. Partnerships

The MDC was the lead agency in the partnership. **The** resources of MDC that have been targeted for support of HEP operations include:

- a. Support and Outreach Services provided crisis intervention, assessment, and ongoing supportive mental health/chemical dependency counseling both on- and **offsite**.
- b. The Chemical Dependency Division provided access to both in-and outpatient chemical abuse counseling on an off-site basis.
- c. **The** Tacoma Detoxification Center served a large proportion of **HEP's** general population,, providing **3- to 5-day** inpatient drug and alcohol **detoxification services in a medical setting**.
- d. The Educational Opportunity Resource Center provided weekly vocational testing and assistance in completing GED requirements **onsite** at the HEP Resource Center.
- e. The Community Food and Nutrition Program provided access to low-cost (**\$.12** per pound) consumables such as coffee, laundry soap, and personal hygiene supplies for the HEP Resource Center.

MDC is also the lead agency for the Homeless Healthcare Project (another partnership including the Community Health Care Delivery System, the Puyallup Tribal Health Authority, and the Martin Luther King Ecumenical Center). The program provided medical, psychiatric, and dental care at several homeless shelters within Tacoma. Health care services are provided to HEP clients on a referral basis through the Health Care Program outreach staff.

The Martin Luther King Ecumenical Center (MLKEC) provided guaranteed access to 15 beds per night reserved at the Last Chance Shelter, a referral relationship with Veteran's Outreach Program, Hispanic advocacy, an **onsite** clothing bank, access to nonsubsidized Housing Exchange information, and access to women's and family shelters through the G Street Shelter and Man&la House. MLKEC also provided 2.0 full-time employees (**FTE**) **staffing** for the **onsite** Resource Room. This partner was replaced along with the services it provided by the Tacoma Rescue Mission described below. The replacement occurred shortly before the continuation grant took effect.

The Pierce County Community Action Agency is a partnership member providing a **.5 FTE** housing specialist **onsite**, assisting with access to non-HEP subsidized housing and expanded access to **non-**subsidized housing opportunities. Emergency services, including landlord/tenant dispute resolution, are also provided. In-kind support is provided through volunteer time.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

The Tacoma Urban League (**TUL**) is a member of the partnership. It provided 1.0 FTE job developer support **onsite**. Previously it had provided 1.0 **FTE** CCP educational support. TUL serves as a referral source for jobs developed by other TUL job developers and as a referral source for on-the-job training (**OJT**) and Job Training Partnership Act (**JPTA**) assistance. Access to educational services are still available through referral.

The Tacoma Rescue Mission (**TRM**) provided educational assistance **onsite** through weekly Challenge Learning Center outreach. Evening meal provision was available as an in-kind match. TRM replaced MLKEC in providing guaranteed bed space and outreach staff for the resource room. TRM also acted as a steady referral and shelter source.

The Hospitality Kitchen was an ongoing member of the partnership, providing breakfast and lunch meal support for **HEP** clients.

The Department of Social and Health Services provided a full range of welfare support through referral, including financial aid, food stamps, medical coupons, and Alcohol and Drug Abuse Treatment Act supported chemical dependency treatment.

Catholic Community Services provided counseling to adults and families through referral.

Central **Latino** provided paralegal aid and Hispanic translation services.

Bates Vocational Technical Institute provided training, General Educational Development (**GED**) assistance, and free haircuts to referred **HEP** clients.

The Salvation Army provided the Family Lodge, shelter, emergency food, and casual labor or employment through referral.

The Social Security Administration provided client identification through referral and Supplemental Security Income (**SSI**) and Social Security Administration (**SSA**) benefits to those who were eligible.

The Department of Motor Vehicles provided client identification cards through **HEP** subsidy.

The Tacoma-Pierce County Health Department provides client identification (birth certificates) and health cards for employment services upon referral, **onsite** AIDS and sexually transmitted diseases (**STD**) education, and a tuberculosis clinic that was available to both clients and staff.

The Pierce College **VOTE** Program provided educational and career counseling.

The Human Rights Department provided counseling upon referral.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

The Probation and Parole Department was a steady referral source into the program for HEP clients.

The William Riley Real Estate Company provided in-kind support through donated space.

The St. Vincent DePaul Society provided financial assistance, clothing for clients upon referral, and referrals into the project.

The Tacoma Youth Employment Center, through its Jobs For Youth program, served as a referral source for HEP clients. It also provided out-referral for its specialized youth services.

The YWCA Women's Jobs Program was available for the partners of HEP clients, provided clothing assistance and food resources, and acted as a referral source for HEP clients.

The Comprehensive Mental Health Center provided mental health counseling specifically for the homeless with emergency response **onsite**.

Tacoma Community College and the Evergreen State College provided student interns **onsite**.

Safe and sober housing was available to referred clients through a variety of local providers, including Renaissance Recovery House, Delphine Fulton Recovery House, Phoenix House, and Turning Point Recovery Services.

D. Evaluation

A process and outcome component was used to evaluate the project. The process component essentially addressed who the program served and how it served them. It assisted in implementing the project and assessed whether the implementation was carried out as planned. The outcome component assesses whether the project intervention is successful in improving employment and self-sufficiency among homeless men in the Tacoma-Pierce County area.

E. Process Evaluation

In assessing whether the project was carried out as planned, the process component focused upon the goals outlined above. Specifically, an assessment was made of the number and types of services received by clients that are designed to overcome the barriers to self-sufficiency. In addition, a demographic profile of clients was observed to determine what type of clients were being attracted and served by the project.

A tracking form was used to assess the implementation of the case management plan. The form was used to determine what services were received, how much of each service was received (dosage), and what agency administered each service

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

The referral/tracking system identified a set of “core” services that formed a comprehensive system (as identified in Figure 2). **The** number and dosage of comprehensive services for each client was determined, enabling the assessment of the first objective: to provide needed support services to HEP participants including meals, shelter, laundry, clothing, housing and budget counseling, and mental health, alcohol, and drug counseling. Figure 3 shows the number of clients served by group. The number of services received are also shown. Note that the CM group received two services per client more on average than the **I&R group**.

FIGURE 3
Services **per Client**

Client Group	Total Clients	Total Services	Services Per Client
Total Clients	255	1,920	7.5
I&R Group	127	826	6.5
CM Group	128	1,094	8.5

Figure 4 shows the type of service by amount received per client by group. Note that an equal number of clients from each group received resource room services. A higher proportion of I&R clients received job referrals as expected. Those services that are intervention services only (bus passes, financial assistance, job assistance, advocacy, and housing assistance) are received for the most part only by the CM group, showing very little diffusion of CM services into the I&R group. Figure 5 better shows the diffusion by showing the percent of each group receiving each service based upon the total amount (100%) for the service received by both groups.

A small amount of diffusion occurred because of the outreach worker’s determination that an I&R client was in desperate need of CM services and gave them those services. This was acceptable if the case manager felt it absolutely necessary. Nonetheless, the diffusion was so small that it was likely that it had no effect on project outcomes.

F. Outcome Evaluation

The primary expected outcome for the project was stated in the general working hypothesis:

Homeless men who receive comprehensive services (wrap around case management/job developer/housing subsidy) will increase their likelihood of self-sufficiency.

Client **self-sufficiency** was defined in this project as a function of employment (income, permanence, and benefits) and living arrangements. Self-sufficiency was operationalized according to the outcome variables appearing in Figure 6.

SERVICE DELIVERY KEY SERVICES I&R versus CM Groups

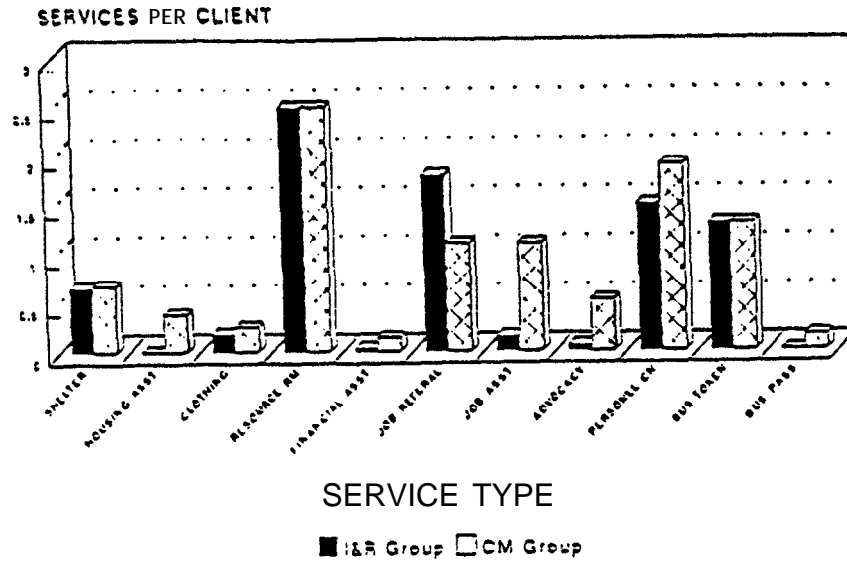


FIGURE 4

SERVICE DELIVERY KEY SERVICES I&R versus CM Groups

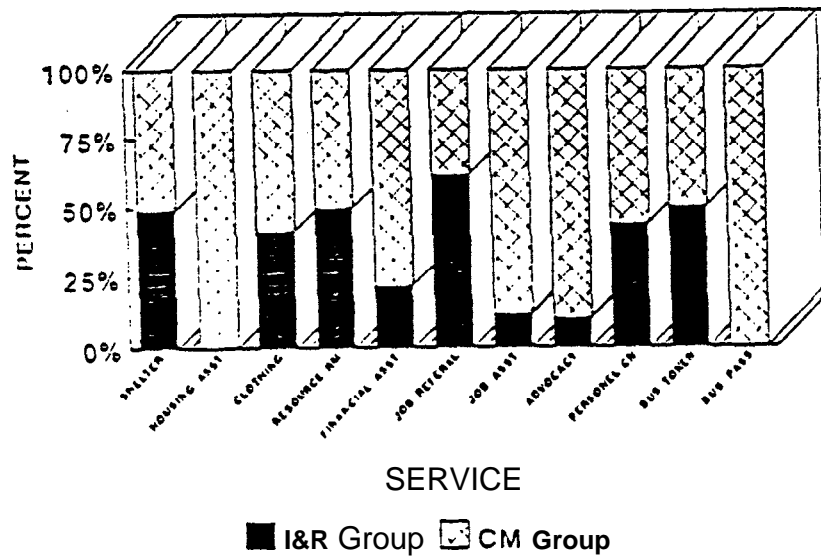


FIGURE 5

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

FIGURE 6
Primary Variables Collected

Demographic	Risk	Outcome
Age	Barriers to Employment	Employment
Race	Personal and Health Needs	Hours Employed
Marital Status	Past Alcohol Treatment	Employment Income
School Status	Past Drug Treatment	Employment Benefits
Veteran Status	Past Mental Health Treatment	occupational status
Occupation		Employment Permanency
Employment History		Housing
		Drug Use

G. Hypotheses

Based upon the general working hypothesis stated above, eight primary hypotheses were developed to test project outcomes:

- H1:** Clients in the intervention group compared to the control group will be more likely to be employed at the **90-day** followup.
- H2:** Clients in the intervention group compared to the control group will be more likely to have worked more hours at the **90-day** followup.
- H3:** Clients in the intervention group compared to the control group will be more likely to have more job benefits at the **90-day** followup.
- H4:** Clients in the intervention group compared to the control group will be more likely to have a higher average income over the **90-day** program period.
- H5:** Clients in the intervention group compared to the control group will be more likely to have jobs that are higher on the “Census Occupational Index” at the **90-day** followup.
- H6:** Clients in the intervention group compared to the control group will be more likely to have permanent versus temporary employment at the 90day followup.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

- H7: Clients in the intervention group compared to the control group will be more likely to not be homeless at the **90-day** followup.
- H8: Clients in the intervention group compared to the control group will be more likely to be drug free or have used less drugs at the **90-day** followup.
- H9: Clients in both groups will have a reduction in barriers to employment from intake to followup.
- H10: Clients in the intervention group compared to the control group will be more likely to have a greater reduction in barriers to employment from intake to followup.

H. Variables

Appropriate demographic and risk factors were to be controlled when testing the hypotheses. Demographic and risk variables appear along with the outcome variables in Figure 6.

I. Research Design

A “classical experimental design” as identified by Campbell and Stanley was used to test the hypotheses. The design appears as follows:

	T1		T2
(Intervention group)	R O1	X	O2
(Control group)	R O3		O4

Where T = Time, R = Randomization, and O = Observation.

Perspective clients were attracted to the program by the clothing/laundry facility sponsored by MDC. After initial assessment and entry into the program, each client was randomly assigned to one of two groups (as depicted above). One group received the intervention and one was placed on a waiting list. Clients in the latter group, known as a “waiting control group,” received full HEP services following their term on the waiting list. Following assessment, data were collected from both groups at **T1**. Service delivery data were collected from the intervention clients throughout the intervention period. Following the intervention (3 months from startup), outcome data were collected from both groups (**T2**).

There were some limitations on the design. First, the time span for the intervention was 3 months. It was expected that at least 70 percent of the intervention clients would complete the program. However, since we did not have prior information on the frequency of their geographic mobility, we could not predict this in advance.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

In order to maximize **followup** rates, the project used a coordinated team approach. Weekly staff meetings involving staff of the resource room, the intake assessment counselor (the **MDC**) and the employment instructor/job developer (the Urban League) were held to monitor the program status of all clients (including those in the waiting control group). In addition, the project provided monetary incentives to control clients at crucial **followup** points to help ensure higher **followup** rates.

In addition, one staff member was given primary responsibility for followup. This staff member knew the shelters, meal areas, and other places where these men were likely to be found. Notices were placed in these areas offering the incentives for **followup** for the individuals in question. These activities paid off. Figure 7 shows the 3-month **followup** rates. The 59 percent overall **followup** rate for this population is fairly high.

FIGURE 7
Followup Rates

Group	Intake	Followup	Attrition
Total Clients	255	151 (59%)	104 (41%)
I&R	127	71 (56%)	56 (44%)
CM	128	80 (63%)	48 (37%)

III. Findings

Below, we examine the demographic profile of HEP clients, as well as risk and baseline variables. Attention is paid to the differences between the intervention and control groups.

A. Demographic Profile

HEP clients are of mixed races with 40 percent being minority. The majority stated that they were single; yet, the Housing Specialist noted that, upon employment and when seeking housing, many “single males” indicated a need for family housing. Other case managers also discovered that many of these men were not single. Rather, it appears that nuclear families are separated in order to qualify individual members for available services. It may also be that families separated because of homelessness may reunite once levels of self-sufficiency are restored.

When we **first** opened the doors at HEP and began collecting demographic information, we were astonished at the education level of the clients. We fully expected a clientele that were mostly high school drop-outs with little job-related skills and more than their share of personal problems such as alcoholism, drug abuse, and mental illness. This simply was not the case. Three-quarters of these had a high school education or a GED diploma. Twenty percent had attended college and almost 10 percent had a college

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

education Further, half of the clients stated that they had a viable occupation, classifying themselves as either a craftsman operative, clerical, or professional. **This** prompted us to replace our original intervention, which provided remedial education and basic job skills, with a **full** blown job developer. Our clients were ready to go to work and wanted jobs immediately.

Nor did risk factors appear to overburden this population. Only a small number reported physical disabilities (**6%**), past treatment for drug abuse (**12%**), or mental disorders (8%). A higher number reported past treatment for alcohol abuse (25%). An unbelievably small number reported current use of illicit drugs (less than 1% overall). **This** is unlikely. It is more likely that they would not admit to such use on an intake form. Reporting of alcohol use seems more realistic with 40 percent reporting use in the last month.

As expected, a high number of immediate needs were reported, with the focus on essentials such as food (**84%**), housing (**87%**), transportation (**79%**), personal care (**71%**), and clothes (45%). Help with drug or mental problems was not high on the needs list.

The final risk factor examined was barriers to employment. The percentage of clients reporting each **barrier** was fairly consistent over the six barriers identified, with each barrier showing about a 20 percent positive response.

B. Similarity of Groups at Intake

Given the random assignment of clients to groups, we expected similarity of groups across variables. Tests of similarity were conducted on all **variables** appearing in the intake demographics and risk factors. As expected, there were no statistically significant differences on any of the intake demographics. Nor were there any differences in history, drug use, or needs risk factors. In fact, the match on all these variables was excellent.

There were, however, statistically significant differences on several of the barriers to employment. Included are “over 6 months unemployed,” “limited work experience,” “limited skills,” “poor job retention,” and “lack of job search skills.” To examine barriers to employment more closely, an additive measure of total barriers to employment for each client was computed. At intake, the **I&R** group averaged 2.03 barriers per client; the CM group averaged 1.29 barriers per client. This difference is statistically significant (**p < .01**). As a consequence, barriers to employment were controlled throughout the analysis.

C. Differences Between Those Completing Followup and Those Lost to Followup

In this study, there was a 59 percent **followup** rate. Tests were conducted comparing those with **followup** data versus those lost to followup. Selected variables were tested including race, marital status, history of alcohol abuse, history of drug abuse, history of mental illness, school status, highest grade completed, veterans status, and barriers to employment. Only one variable showed statistically significant differences (**p < .05**) between these groups. This was one of the barriers to employment, “limited work experience.”

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

One other barrier to employment, “limited skills,” approached significance ($.05 < p < .1$). These two barriers brought the total score differences (average per client) near statistical significance (followed up group = 1.5, lost to **followup** group = 1.9 [$.05 < p < .1$]). With the exception of barriers to employment, there are no appreciable differences between those that were followed up compared to those that were lost to followup.

Test of Hypotheses

Table 1 shows a schematic of the hypotheses to be tested. Included, too, are the variables to be controlled for each hypothesis tested. Each of the controlled variables has been dichotomized to aid in the efficacy and simplicity of the analysis. Each dichotomy makes intuitive sense offers and adequate break points for analysis. Tests for each hypothesis were carried out by **first** showing the zero-order relationship between the GROUP variable (CM versus I&R) and the dependent variable in question, followed by the “adjusted” relationship. Statistical tests appropriate for the level of measurement were used.

TABLE 1
Primary Hypotheses

Hypotheses	Main Effects	Direction	Controls	Dichotomy
H1	Employment	CM > I&R	Race	0 Minority
H2	Hours Employed	CM > I&R		1 White
H3	Employment Benefits	CM > I&R		
H4	Employment Income	CM > I&R		
H5	Occupational Status	CM > I&R	School Status	0 Less Than HS
H6	Permanency	CM > I&R		1 HS or GED
H7	Housing	CM > I&R		
H8	Drug Use	CM c I&R		
			Barriers to Employment	0 1 or Less
				1 2 or More
			Past Treatment	0 None
				1 1 or More

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CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

H1: Clients in the intervention group compared to the control group will more likely be employed at the 90-day followup.

Table 1.1 shows the percentage of clients that worked during the week prior to the 13-week followup. Eighty percent of the case management clients compared with 48 percent of the I&R clients reported working during that week. This difference is statistically significant ($X^2 = 17$, $p < .000$).

To test for the effects of pertinent demographic and risk variables that could affect the relationship, a logistic regression analysis was done. Variables included in the analysis were the client's race, school status, barriers to employment, and whether the client had past treatment for mental disorders, alcohol, or drug abuse. All of the independent variables were taken at program intake. As mentioned above, each variable was dichotomized as follows: RACE into white versus minority, SCHOOL into finished high school or GED versus dropped out, BARRIERS TO EMPLOYMENT (**BARDI**) into no barriers versus one or more barriers, and TREATMENT (TREATDI) into no past treatment versus past treatment for one or more categories.

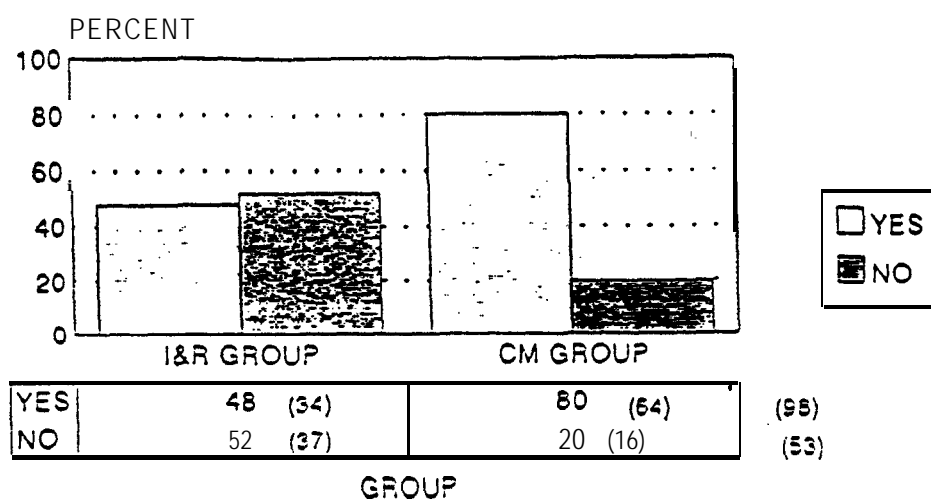
A forward **stepwise** logistic regression was done. Interaction between WORK BY GROUP BY each of the control variables was included in the model. Table 1.2 below shows that when client status changes from the I&R group to the CM group, and the other independent variables (school, race, barriers, and past treatment) remain the same, the odds of having a job increase by a factor of 3.8 (**Exp[B]**).

A client's school status at entry also affects their likelihood of having a job at the 13-week followup. Having at least a high school education or GED improves the odds of getting a job by a factor of 2.2. However, it is important to note that the relationship between having a job and being in either the I&R or CM group ~~The relationship is not dependent upon a client's education.~~ **The significant interaction coefficient** between CM - IR and SCHOOL indicates that those with or without a high school education or GED were just as likely to increase their odds of having a job if they belong to the CM group than if they belonged to the I&R group.

None of the other independent variables are significantly related to WORK. Nor are there any significant interaction effects between any of the other variables and WORK and CM - IR. As is the case with SCHOOL, the relationship between WORK and CM - IR is not dependent upon race, barriers to employment, or past treatment.

It is evident that **H1** is strongly supported and we could move on. However, the relatively strong but statistically insignificant relationship between WORK and Barriers, and the TREATMENT by CM - IR interaction warrants exploration. To do this, a series of 2 X 2 contingency tables were constructed showing the zero order and first order relationships. **The** PHI coefficients and their resulting significant tests appear in Table 1.3.

TABLE 1.1
EMPLOYMENT IN **LAST WEEK**
AT 13 WEEK FOLLOW-UP



Chi-Square = 17, $p < .00004$
PSRA

TABLE 1.2
LOGISTIC REGRESSION
EMPLOYMENT IN LAST WEEK

	O D D S	p =
GROUP	3.8	0.0005
SCHOOL	2.2	0.0340
RACE		0.925
BARRIERS TO EMPLOYMENT		0.104
PAST TREATMENT		0.843
GROUP BY SCHOOL		0.362
GROUP BY RACE		0.499
GROUP BY BARRIERS		0.420
GROUP BY PAST TREATMENT		0.097

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

With some small exceptions, Table 1.3 reflects what was found in the logistic regression analysis above. Close observation of the contingencies in Table 1.4, however, shows some interesting implications of the HEP project. In all cases the relationship between WORK and GROUP is stronger for the higher risk client. In fact, the relationship is not quite statistically significant for clients with no barriers to employment. Simply stated, the CM portion versus the I&R portion works for all school statuses, races, those with and without barriers to employment, and those with or without past drug alcohol or mental treatment, but it appears to have a slightly stronger effect for the higher risk client.

TABLE 1.3
Phi Coefficients of Zero Order Relationships
Work by Independent Variables

WORK BY:	PHI	P
GROUP	.316	.0001
SCHOOL	.187	.0222
RACE	.064	.439
BARRIERS	.177	.031
PAST TREATMENT	.041	.622

TABLE 1.4
Work by Group Controlling for
School, Race, Barriers,
and Past Treatment

WORK BY GROUP BY:	PHI	P
SCHOOL		
Dropped out	.388	.0015
High School or GED	.216	.0498
RACE		
White	.259	.0215
Minority	.403	.0008
BARRIER		
None	.279	.071
One or More	.316	.0011
PAST TREATMENT		
No	.209	.0412
Yes	.489	.0006

H2: Clients in the intervention group compared to the control group will more likely have worked more hours at the **90-day** followup.

To test H2, an analysis of variance (**ANOVA**) was conducted. The test examined the main effects of **GROUP** on hours worked during the week prior to the 13-week followup. Pertinent demographic variables and risk variables were controlled. The same dichotomies described above were used here as well.

Table 2.1 below shows the average hours worked in the week prior to the 13-week **followup** for the total population ($\bar{x} = 22.8$), the case management group ($\bar{x} = 28.09$), and I&R group ($\bar{x} = 16.61$). These averages represent the zero order relationship with no adjustments for potential confounding factors,

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

The **ANOVA** model appearing in Table 2.2 below treats GROUP as a main factor and the other independent variables as covariates. This model first adjusts for all covariates (explains all the variation in Hours that they can explain) and then adjusts for the covariates and factor (what variation is left is then explained by GROUP). Hence, the main effect of GROUP on HOURS occurs while holding the other independent variables constant.

Table 2.2 shows that only the BAR'IWO (having at least 2 or more barriers to employment) is significantly ($p = .001$) related to HOURS. Whether one finishes high school or not approaches significance but falls slightly short of $P < .05$. Keep in mind that these significance tests adjust for all the other covariates.

The important point in Table 2.2 is that the main effect of GROUP on HOURS is statistically significant ($p = .003$), while adjusting for race, school, barriers to care, and past treatment. This supports H2.

To test for interaction effects, a second **ANOVA** was conducted that treated each independent variable as a factor (as apposed to a covariate). Four separate tests were *done* doing a two factor test on each run, GROUP with RACE, SCHOOL, **BARTWO**, and TREATMENT. None of the interactions are statistically significant ($p < .05$). Hence, the effect of the CM intervention is just as effective for all categories of each of the other independent variables (e.g., it is just as effective for minorities as whites, dropouts as those who finished **high** school, those with barriers to employment as those without, and those with past treatment and those with no past treatment).

H3: Clients in the intervention group compared to the control group will more likely have more job benefits at the 90-day followup.

Table 3.1 shows the percentage of each group receiving benefits from their jobs. Health insurance, paid overtime, paid vacations, and sick leave are received more often by the CM group than by the I&R group. The differences are statistically significant ($p < .02$).

TABLE 2.1
HOURS WORKED IN LAST WEEK
AT 13 WEEK FOLLOW-UP

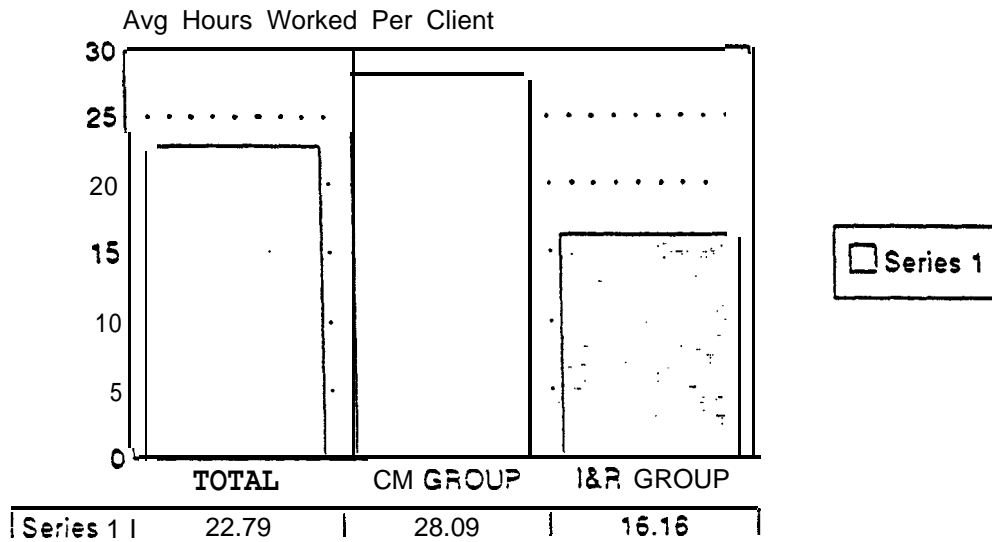


TABLE 2.2
ANOVA: HOURS WORKED IN LAST WEEK
AT 13 WEEK FGLLGW-UP

INDEPENDENT VARIABLES	F =	p =
COVARIATES	3.55	0.009
Race	0.06	0.810
School	3.31	0.071
Barriers to Employment	10.80	0.001
Past Treatment	0.72	0.399
MAIN EFFECTS		
Group	9.47	0.001

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

TABLE 3.1
Benefits by Group
at 13-Week Followup

Benefit	CM Group (%)	I&R Group (%)	P
Health Insurance	31.3	11.3	0.003
Disability Insurance	12.5	8.5	0.420
Worker's Comp	26.3	14.1	0.060
Paid Overtime	33.8	16.9	0.020
Paid Vacations	21.3	7.0	0.010
Retirement PGM	10.0	7.0	0.520
Life Insurance	11.3	8.5	0.560
Day Care	2.5	1.4	0.630
Sick Leave	15.0	4.2	0.030
Other	3.8	11.3	0.080

Note: p = Probability

Job benefits were summed into a score by adding together all of the benefits that a client was receiving for the job that he had during the last week prior to the **13-week** followup. The average number of benefits per client was compared across GROUP in two ways. First, a comparison was made of only those clients having jobs at the 13th week. Second, a comparison was made for benefits for all clients, not just those who are employed. The average number of **benefits** received for employed clients only is 1.63, 1.69 for the CM group, and 1.53 per client for the I&R group. This difference is not statistically **significant** at $p < .05$.

The average number of benefits for all clients regardless of whether they are employed is 1.3 per client, .90 for I&R clients, and 1.67 for CM clients. An **ANOVA** showed this zero order difference to be statistically significant at $p < .05$.

Since a statistically significant relationship was found, adjustment was made with the key demographic and risk variables. Table 3.2 shows this test. Barriers to employment is the only covariate that significantly affects benefits. Most importantly, the relationship between benefit and GROUP is no longer statistically significant which suggests an interaction effect.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

Two-way interaction tests revealed no **significant** effects between any of the nuisance variables and GROUP as it relates to BENEFITS. However, a near-significant relationship ($P = .070$) was found with the three-way interaction of BARRIERS, TREATMENT, and GROUP as it relates to BENEFITS. This three-way interaction may account for the reduction of the effects of GROUP on benefits when these nuisance variables are adjusted.

TABLE 33
ANOVA: Job Benefits
at 13-Week Followup

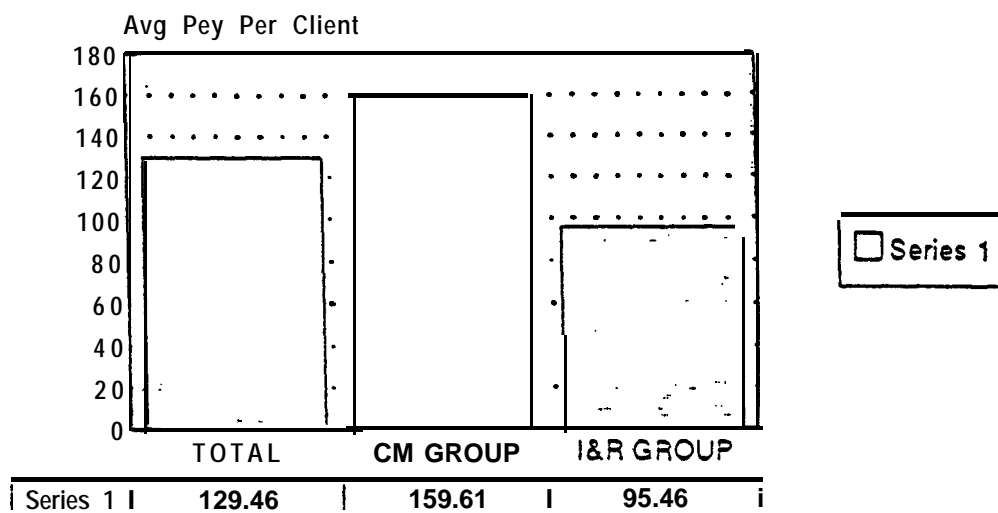
Source of Variation	F	Significance of F
Covariates	2.688	.034
RACE	1.144	.287
SCHOOL	1.761	.187
BARTWO	4.362	.039
TREATDI	.618	.433
Main Effects	2.648	.106
CM-IR	2.648	.106
Explained	2.680	.024
Residual	5.101	
Total	5.403	
3-way Interactions	3.329	.070
CM-IR BARTWO TREATDI	3.329	.070
Explained	2.210	.037
Residual	5.076	
Total	5.377	

H4: Clients in the intervention group compared to the control group will more likely to have a higher average income at the **90-day** program period.

Table 4.1 shows the zero order relationship between GROUP and PAY. PAY is the amount of money made during the last week prior to the **13-week** followup. This represents the gross amount of pay for the week. **The** average amount for the I&R group is \$95.46 per week compared to \$159.61 for the CM group. The difference is statistically significant ($p < .007$).

Table 4.2 shows the effect of GROUP on PAY adjusting for race, school, barriers to employment, and past treatment. Barriers to employment and school have effects on PAY. Moreover, when the nuisance variables are adjusted, the effects of GROUP on pay are reduced to a point where they are not quite statistically significant at $p < .05$. No two-way interactions were significant. One three-way interaction, CM-IR **TREATDI BARTWO** is statistically **significant**.

TABLE 4.1
PAY FOR LAST WEEK
AT 13 WEEK FOLLOW-UP



$F=7.39, p=.007$

TABLE 4.2
ANOVA: PAY FOR LAST WEEK
AT 13 WEEK FOLLOW-UP

INDEPENDENT VARIABLES	F =	p =
COVARIATES	3.61	0.008
Race	0.04	0.831
School	5.63	0.019
Barriers to Employment	8.01	0.005
Pest Treatment	0.02	0.888
MAIN EFFECTS		
Group	3.56	0.061

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

(Insert slip sheet for Table 4.1 and 4.2 here)

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

HS: Clients in the intervention group compared to the control group will more likely have jobs that are higher on the Occupational Prestige Scale at the 90-day followup.

The National Opinion Research Center (NORC) Occupational Prestige Scale was used to assess occupational prestige (Pavaloko, 1988). Keep in mind that the occupation stated at intake simply reflected what the client did prior to program entry. Recall that there was little difference between the CM and I&R group for occupation at intake. Each occupation has a prestige associated with it. For instance, painter is 510, welder is 503, taxi driver is 714, etc. The scores range from 001 to 999, with 001 representing the highest prestige and 999 representing the lowest.

To illustrate the similarities of the two groups we calculated the average occupational prestige score for clients within each group. At intake the average score was 648 for the I&R group and 651 for the CM group, which is almost the same. At the 13-week followup, the prestige scores of actual jobs were calculated. I&R clients averaged 798, CM clients averaged 748. The prestige scores are much lower at followup than the stated occupation was at intake. CM Clients do, however, have a higher prestige score than I&R clients. The difference is not quite statistically significant ($p = .055$).

We next looked at what type of jobs clients were getting. Table 5.1 shows a percentage distribution of clients by occupational categories. To get the categories, we recorded all of the 001 to 199 as 100's, 200 to 249 as 250, and so on. Half of both groups received jobs that were classified as laborers. A larger percentage of CM clients received jobs that were classified as craftsmen, operatives, or transportation operatives (16% versus 8%). Hence, we have some support for H5.

H6: Clients in the intervention group compared to the control group will more likely have permanent versus temporary employment at the W-day followup.

Table 6.1 shows the percentage of permanent jobs received by both the CM group and I&R group. Thirty-eight percent of the total study group have permanent jobs. The CM group had a 50-50 chance of getting a permanent job. The I&R group only had a 25 percent chance of getting a permanent job. The difference is statistically significant at $p < .01$.

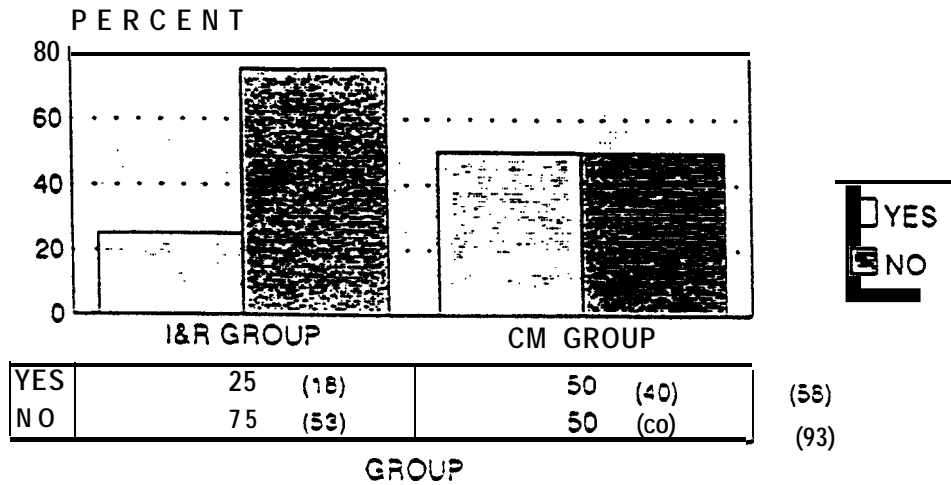
When school status, race, barriers to employment, and past treatment are adjusted using logistic regression, the odds still favor the CM group 3 to 1 (Table 6.2). Hence, H6 is strongly supported.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

TABLE 5.1
Occupation at 13-Week Outcome

NORC OCCUPATIONAL PRESTIGE SCORES	I&R OR CM?		TOTAL
	I&R	CM	
PROFESSIONALS 100	0%	1%	1%
MANAGERS 200	0%	1%	1%
SALES 250	2%	3%	2%
CLERICAL 300	2%	1%	1%
CRAFTSMAN 500	3%	8%	6%
OPERATIVE 600	2%	4%	3%
TRANSPORTATION			
OPERATIVE 700	3%	4%	4%
LABORS 750	48%	52%	50%
FARM LABOR 850	27%	8%	16%
SERVICE 900	14%	18%	16%
TOTAL PARTICIPANTS	64	77	141
TOTAL PERCENTAGE	100%	100%	100%

TABLE 6.1
PERMANENT JOB
AT 13 WEEK FOLLOW-UP

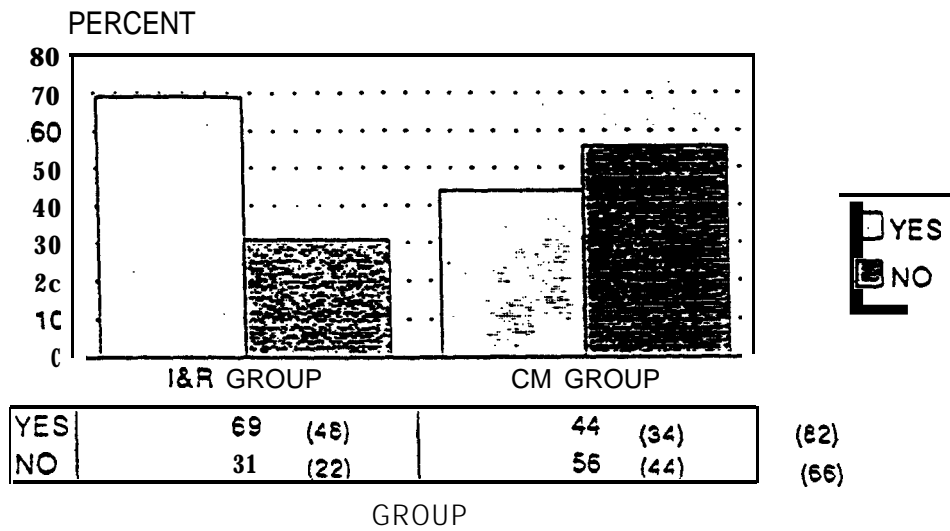


Phi = .253, $p < .00188$
PSRA

TABLE 6.2
PERMANENT JOB
LOGISTIC REGRESSION

	ODDS	p =
GROUP	3.1	0.0017
SCHOOL		0.2636
RACE		0.5764
BARRIERS TO EMPLOYMENT		0.0805
PAST TREATMENT		0.6691
GROUP BY SCHOOL		0.6162
GROUP BY RACE		0.8914
GROUP BY BARRIERS		0.3316
GROUP BY PAST TREATMENT		0.8267

TABLE 7.1
HOMELESS AT 13 WEEK FOLLOW-UP



Chi-Square = 9.51, $p < .002$
PSRA

TABLE 7.2
LOGISTIC REGRESSION
HOMELESS AT 13 WEEK FOLLOW-UP

	ODDS	p=
GROUP	3.25	0.001
SCHOOL		0.7961
RACE		0.6911
BARRIERS TO EMPLOYMENT		0.8250
PAST TREATMENT		0.7275
GROUP BY SCHOOL		0.8003
GROUP BY RACE		0.5257
GROUP BY BARRIERS		0.5349
GROUP BY PAST TREATMENT		0.4081

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

H7: Clients in the intervention group compared to the control group will more likely not be homeless at the 90day followup.

Clients were asked their living arrangements at the 13-week followup. Table 7.1 shows the zero order differences between the CM and I&R groups. The I&R group is more likely than the CM group to be homeless at the followup. When adjusting for the control variables using logistic regression, the relationship is maintained: CM group clients are over three times less likely to be homeless at the 13-week **followup** while holding the potential confounding variables constant (Table 7.2).

The living arrangements reported by clients at the **13-week** outcome appears in Table 7.3. Forty-six percent of the CM group report living in a house or apartment compared to only 23 percent of the I&R group living in these same dwellings. There is strong support for H7.

TABLE 7.3
Living Arrangements at 13-Week Outcome

	I&R OR CM?		TOTAL
	I&R	CM	
WHERE DO YOU LIVE NOW?			
HOUSE	7%	8%	7%
APARTMENT	16%	38%	28%
SHELTER	55%	29%	41%
CAR	4%	1%	3%
EMPTY BUILDING	3%	3%	3%
HOTEL	1%	5%	3%
FRIENDS	10%	10%	10%
OTHER	3%	5%	4%
TOTAL PARTICIPANTS	69	78	147
TOTAL PERCENTAGE	100%	100%	100%

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

H8: Clients in the intervention group compared to the control group will more likely be drug free or have used less drugs at the 90-day followup.

Drug use was asked about at both intake and at the 13-week followup. There was a high proportion of missing data for all drug questions. Those that did answer were reluctant to admit to any current drug use, especially illegal drugs. There is also evidence that the answers that were given were not accurate. For instance, there were “logical errors” for responses to marijuana use from intake to the 13 week followup. Ten clients stated at the 13-week followup that they had *never* used marijuana, but said at intake that they *had* used marijuana in the past.

Clients appeared to answer the alcohol use question more truthfully. Table 8.1 and 8.2 show alcohol use at intake and at the 13-week followup. Note that these only include data from clients that received the 13-week followup. At intake there is little difference in the amount of alcohol use by the two groups. At the 13-week outcome, the CM group reports less alcohol use than the I&R group, but the difference is not statistically significant ($p < .05$). To further test this hypothesis, “change scores” were calculated for both groups. Scores were assigned to each client according to how much alcohol they consumed (none = 1, light = 2, moderate = 3, and heavy = 4). Difference scores were then calculated (consumption at intake and consumption at followup). A paired t-test was then done to determine if the observed difference was statistically significant ($p < .05$). Both groups increased their alcohol consumption from intake to followup. However, the increase in consumption among the CM group was less pronounced (CM group = .125; I&R group = .333). The difference was not statistically significant ($F = 2.27$, $p = .134$). Hence, we had insufficient information to test the hypothesis for illegal drugs, and while the trend in alcohol consumption from intake to followup favored CM clients, the differences were not statistically significant.

D. Discussion

Compelling evidence emerged from the evaluation that strongly supported the effectiveness of the case management model as an approach to moving the homeless toward self-sufficiency. In this section we explore some explanations for the success of the project and attempt to address the question of benefits over costs.

The first question that we want to answer is why the program worked. One answer to this question is that the program appeared to fill needed service delivery gaps for the homeless. When the project was initially conceived, we saw it filling a gap in services to the homeless in a number of ways. One was by providing a structured environment that could serve as a base from which the homeless could seek employment and housing. Another was by providing a safe environment after shelters close in the morning, thus providing a center for targeted employment activity during a time when the homeless normally wander the streets waiting for the shelters to reopen in the evenings. Yet another way of filling the gap of needed services was to provide the service community with an alternative to which they could refer eligible clients who, in the past, would have consumed ongoing emergency services that would not have met their needs.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

TABLE 8.1
Alcohol Use at Intake

	I&R OR CM?		TOTAL
	I&R	CM	
ALCOHOL USE IN LAST MONTH			
NONE	65%	60%	62%
LIGHT	29%	39%	34%
MODERATE	3%	1%	2%
HEAVY	3%	0%	1%
TOTAL PARTICIPANTS	62	72	134
TOTAL PERCENTAGE	100%	100%	100%

$\chi^2 = 3.9, p > .05.$

TABLE 8.2
Alcohol Use at 13-Week Followup

	I&R OR CM?		TOTAL
	I&R	CM	
ALCOHOL USE IN LAST 30 DAYS			
NONE	42%	62%	52%
LIGHT	36%	26%	31%
MODERATE	17%	9%	13%
HEAVY	4%	3%	3%
TOTAL PARTICIPANTS	69	76	145
TOTAL PERCENTAGE	100%	100%	100%

$\chi^2 = 6.0, p > .05.$

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

The core services that were provided by the program and that were central to the intervention were available, either directly or through referral, in one environment. The resource room with its laundry facilities, shower, clothing bank, telephone, and mail (not to mention the **free** coffee) was coupled with job referrals, and “wrap-around” case management that included financial assistance, job assistance, housing assistance, and postemployment advocacy. **These** services *taken together* accounted for the overall effectiveness of the HEP project.

Another reason for this project’s effectiveness had to do with the type of client served. This project targeted only those homeless males that were employable and wanted to work. This does not include that segment of the homeless that is unemployable, which can be a significant proportion. For example, a recent study found that only 43 percent of unemployed homeless men were employable. Twenty-four percent were severely disabled. Other studies have reported factors that render many of the homeless unemployable. One study found a third of the homeless to be mentally ill. Another estimate that half of the homeless are either mentally disabled, chemically addicted, or both. Hence, this study dealt only with those that are employable and want to be employed, which may represent less than half of the homeless males. For the unemployable homeless, other intervention strategies are needed - not this one.

Another reason this project was effective is due to the partners. A primary goal of the project was to foster unity and cooperation among programs that provide services to homeless men and are interested in addressing the employment needs of these men. The partners in this project worked cooperatively to design and initiate a coordinated model. Partners provided the services in which they specialize. This contributed to improved service quality. Increased communication between agencies led to less duplication in effort, and resource sharing led to improved service delivery.

Working within a partnership was not without its problems. Conflicts arose. In most cases, these were resolved through communication that usually took the form of “congenial” **confrontations** in partner meetings. In one case, the issue was not resolved and led to the resignation and replacement of a partner. Nonetheless, the partnership was a highly positive experience that contributed heavily to the effectiveness of the HEP project.

Another major reason for the effectiveness of the HEP project was the process evaluation. A monitoring system was put in place at the start of the project. Demographic characteristics of incoming clients were monitored as were the services that they required. Very early after initial startup, it was discovered that the clients were not what had been anticipated demographically. We expected a clientele in need of remedial education and basic job skills. Instead, we uncovered a clientele that mostly had high school educations, many who had college, and, most importantly, had job skills. For the most part, they did not want more training or necessarily need it. They wanted jobs. This prompted us to change the focus of the intervention from training to helping clients find good jobs and provide the services and support to keep them.

CHAPTER 14. HOMELESS EMPLOYMENT PARTNERSHIP

Service delivery tracking was a major part of the monitoring system. When services tracking information was obtained and analyzed after the first few months of the altered intervention, an unacceptable amount of diffusion between groups was found, casting doubts on the integrity of the random design. Further investigation revealed deliberate compromises by the case manager and one of the partners. Both were replaced and the design started anew. Without a process evaluation, this would not have been discovered until after the project was over, when it would have been too late to rectify.

Having a true random design made it possible to assess the effects of the case management component of the project. Even with the resource room and job referrals, the case-managed clients did much better on identified indicators of self-sufficiency. The odds of having a job for the CM group was almost four times as high as the **I&R** group even when school status, race, barriers to employment, and past treatment were held constant. Key job benefits such as health insurance, paid overtime, and sick leave were decidedly higher for the CM group than the **I&R** group. CM clients were three times more likely to have permanent jobs than I&R clients at followup. They were also over three times less likely to be homeless at followup.

In conclusion, we ask if this project was worth it? From the evaluator's standpoint, our economy cannot afford not to have programs like this one. Eighty percent of the case-managed group had jobs at followup. About a third of these jobs had key benefits (e.g., health insurance and paid *overtime*). Fifty percent of the CM client's jobs were permanent and well over half of the CM clients that were homeless at intake were not homeless at followup.

The economic and social costs of homelessness and unemployment are staggering. The number of homeless families is on the increase as is the percentage of homeless that are families. This trend is not likely to change until the national economy turns around. For each breadwinner that is unemployed and homeless, how many family members are affected? For a program like HEP that costs a few thousand dollars per year, yet shows such solid effects, it is a shame not to have it. Unfortunately, as this report is being written, the HEP project is in its final days of funding. It, too, is a victim of the economy. **The** cycle continues.

GLOSSARY

GLOSSARY

Analysis of Variance (ANOVA) is a statistical measure to test the differences between means of two or more groups.

Analysis of Covariance (ANCOVA) is a method of statistical control through which scores on the dependent variable are adjusted according to scores on a related variable.

Baseline Data is gathered at the initiation of the project before the intervention is introduced. In order to infer that an intervention is effective, we look for shifts in the trend or pattern of the data that coincide with shifts between **baseline** and intervention phases.

Chi-square is a statistic that allows to decide whether what we are observing is equal to or significantly different from what we expect.

Correlation is used to describe an identified relationship between two variable that can be uncovered using several procedures. Correlation coefficient is a statistic which provides a numerical indicator of both the strength and the direction of a relationship. A **correlation coefficient** cannot be greater than 1.0 or less than -1.0. The closer the numerical value of the correlation coefficient is to either extreme (1.0 or -1.0), the stronger the relationship between the two variables.

F-ratio used in the **ANOVA** is derived from a formula that involves a comparison of variances while the t test directly compares the **means** of two subsamples.

Likert scale. A type of measure developed by Rensis Likert in an **attempt** to improve the levels of measurement in social research through the use of standardized response categories in survey questionnaires. **Likert** items are those using such response categories as strongly agree, agree, disagree, and strongly disagree.

Logistic regression is a method for determining the probability that an individual with certain characteristics belongs to a specified category. Used to analyze multivariate contingency tables and categorical data.

Mean (\bar{x}) is an average.

Multivariate analysis is any procedure involving more than two variables. For example, **if you cross-classify** individuals by gender, age, height, and weight and analyze the interactions, you are engaging in multivariate analysis.

GLOSSARY (Continued)

Number (**N**) represents the number of cases in a category, population, or sample, e.g., (**n=200**).

Probability (**P**): The likelihood of an event occurring expressed as a decimal or percent. Used as a measure of statistical significance. By convention, an occurrence is said to be statistically significant if it is unlikely to have occurred naturally in less than 1 out of 20 cases. The value of P is said to be less than 0.05. P-values of up to 0.10 are often accepted as significant in cases when small samples are used.

Statistically significant is a finding that a difference between conditions or a relationship is so large that the possibility of its happening by chance is minimal. Tests of statistical significance seek to determine the probability that interesting patterns in our data could have occurred merely by chance. Most of the statistical tests are therefore to rule out chance probabilities.

T-Test is a statistical technique for measuring whether the means of two comparable groups differ significantly. It is similar to the **ANOVA** except that it is limited to only two groups.

Variance is a statistical measure of distribution around a mean.

Zero relationships is the situation when values of one variable are not related in any way to values of another variable; with a zero relationship, knowing the value of one variable gives us no indication of the value of the other; perfect zero relationships are represented correlation coefficients of 0.

APPENDICES

Section I--**Case** Management Projects

Family Self-Sufficiency Project

Mid-Iowa Community Action

Marshalltown, Iowa

Partners: Department of Human Resources
National Resource Center for Family Based Services, University of Iowa School
of Social Work

Self-Sufficiency Plus

Bi-County Community Action Programs, Inc.

Bemidji, Minnesota

Partners: Bemidji State University
Bemidji Technical Institute
Adult Basic Education and General Education Development Programs
Red Lake Tribal Social Services
Bemidji American Indian Employment Council
Bi-County Community Action Council
Rural Minnesota CEP (JTPA Sponsor)
Beltrami County Social Services
Bemidji Area Schools
Cass County Social Services

Section II-**Case Management** Component - Urban

Family Self-Sufficiency Project

Knoxville-Knox County Community Action Committee

Knoxville, Tennessee

Partners: County Department of Human Services
Planned Parenthood
Department of Housing and Urban Affairs
Knoxville's Community Development Corporation
Habitat for Humanity
Knoxville Chamber of Commerce
Knox County Department of Health
Casey Jones Insurance Company
Urban League

Operation Community Uplift

Clakamas County Social Services Division

Oak Grove, Oregon

Partners: Housing Authority
 Camp Fire Girls
 Department of Human Services
 Oregon Department of Human Resources
 United Way

Section III-Micro-Businesses and Self-Employment

Operation INC (Incubator for New Companies)

West Central Missouri Community Action Agency

Appleton, Missouri

Partners: Retired Senior Volunteer Program
 Western Missouri Private Industry Council, Inc.
 Appleton City Bank

Partners in Progress

Community Action Agency of South Central Michigan

Battle Creek, Michigan

Partners: Calhoun **Area** Vocational Center
 Calhoun-Barry Small Business Center
 Battle Creek Investment Growth Corporation
 Battle Creek Unlimited

Capital Opportunities

District IX Human Resources Development Council, Inc.

Bozeman, Montana

Partners: Headwaters Entrepreneur Resources, Inc.
 Women in Transition
 Gallatin Development Corporation
 Bozeman Chamber of Commerce
 Bozeman Downtown Business Association
 Montana State University
 Bozeman City Commission
 Gallatin County Commission
 Montana Department of Commerce
 Montana Department of Labor
 Montana Department of Health and Human Services
 Local banking community

Bright Center Demonstration Partnership Program

North Coast Opportunities, Inc.

Ukiah, California

Partners: WEST Company
Ukiah Community Center
Mendocino County Office of Education - Regional Occupational Programs

Section IV-Case Management, Job Skills, and Placement

Project HOPE • Headstart Opportunities for Parents Through Employment

Columbus Metropolitan Area Community Action Organization

Columbus, Ohio

Partners: Private Industry Council of Franklin County
Columbus Area Chamber of Commerce
Building Trades Council
Franklin County Human Service Department
Metropolitan Human Services Commission

Section V-Early Prevention - High School Youth at Risk

Partnership for Youth Self-Sufficiency

County of San Diego Department of Social Services

San Diego, California

Partners: San Diego Unified School District
San Diego High School
San Diego State University
Department of Social Services, Employment Services Bureau

High-Risk Youth Demonstration Project

Yolo County Community Partnership Agency

Yolo, California

Partners: Yolo County Probation Department
Washington Unified School District
Department of Social Services

Section VI-Homeless Individuals and Families

Project Independence

City of Alexandria, Department of Human Services, Division of Economics Opportunity
Alexandria, Virginia

Partners: Division of Social Services
 Office of Employment and Training
 Office of Housing
 Salvation Army
 Arlington-Alexandria Coalition for the Homeless

Homeless Family Self-Sufficiency Project

Multnomah County Department of Social Services
Portland, Oregon

Partners: Coalition for Homeless Families
 Portland Impact
 Portland State University
 State Adult and Family Services
 Private Industry Council
 Oregon State Extension Services
 REACH Community Development Corporation
 Mercy Corps International
 Local businesses

Homeless Employment Partnership

Metropolitan Development Council
Tacoma, Washington

Partners: Pierce County Community Action Agency
 Martin Luther King Ecumenical Center
 Tacoma Urban League
 Hospitality Kitchen

Partnerships By Type

Appendix (2)

Project	Education and Training	Community Organizations	Government Agencies	Private Industry and Organization
Family Self-Sufficiency Project Marshalltown, Iowa	National Resource Center for Family Based Services, University of Iowa School of Social work		Department of Human Services	
Self-Sufficiency Plus Bemidji, Minnesota	Bemidji State University Bemidji Technical Institute Adult Basic Education and General Development Programs Bemidji Area Schools Rural Minnesota CEP (JTPA Sponsor)		Red Lake Tribal Social Services Bemidji American Indian Employment Council Beltrami County Social Services Cass County Social Services	
Family Self-Sufficiency Project Knoxville, Tennessee		Planned Parenthood Habitat for Humanity Urban League	County Department of Health Service Department of Housing and Urban Affairs Knox County Department of Health	Casey Jones Insurance Company Knoxville Community Development Corporation Knoxville Chamber of Commerce
Operation Community Uplift Oak Grove, Oregon	Cfackamas Community College	Camp Are Girls United Way	Housing Authority Department of Human Services Oregon Department of Human Resources	
Operation INC (Incubator for New Companies) Appleton, Missouri		Retired Senior Volunteer Program		Appleton City Bank Western Missouri Private Industry Council, Inc.
Partners in Progress Battle Creek, Michigan	Calhoun Area Vocational Center	Calhoun-Barry Small Business Center		Battle Creek Investment Growth Corporation Battle Creek Unlimited

Project	Education and Training	Community Organizations	Government Agencies	Private Industry and Organization
Capital Opportunities Bozeman, Montana	Montana State University	Headwaters Entrepreneur Resources, Inc. Women in Transition	Bozeman City Commission Gallatin County Commission Montana Department of Commerce Montana Department of Labor Montana Department of Health and Human Services	Local banking community Gallatin Development Corporation Bozeman Chamber of Commerce Bozeman Downtown Business Association
Bright Center Demonstration Partnership Project Ukiah, California	Mendocino College	Ukiah Community Center		WEST Company
Project HOPE - Headstart Opportunities for Parents Through Employment Columbus, Ohio			Private Industry Council of Franklin County Franklin County Human Service Department Metropolitan Human Services Commission	Private Industry Council of Franklin County Columbus Area Chamber of Commerce Building Trades Council
Partnership for Youth Self-Sufficiency San Diego, California	San Diego Unified School District San Diego High School San Diego State University		Department of Social Services, Employment Services Bureau	
High-Risk Youth Demonstration Project Yolo, California	Washington Unified School District		Yolo County Probation Department Department of Social Services	
Project Independence Alexandria, Virginia		Salvation Army Arlington-Alexandria Coalition for the Homeless	Division of Social Services Office of Employment and Training Office of Housing	

Project	Education and Training	Community Organizations	Government Agencies	Private Industry and Organization
Homeless Family Self-Sufficiency Project Portland, Oregon	Portland State Univenity	Coalition for Homeless Families Portland Impact	State Adult and Family Services Oregon State Extension Services REACH Community Development Corporation	Mercy Corps International Local businesses Private Industry Council
Homeless Employment Partnership Tacoma, Washington		Martin Luther King Ecumenical Center Tacoma Urban League Hospitality Kitchen		

Project	Education and Training	Community Organizations	Government Agencies	Private Industry and Organization
Homeless Family Self-Sufficiency Project Portland, Oregon	Portland State University	Coalition for Homeless Families Portland Impact	State Adult and Family Services Oregon State Extension Services REACH Community Development Corporation	Mercy Corps International Local businesses Private Industry Council
Homeless Employment Partnership Tacoma, Washington		Martin Luther King Ecumenical Center Tacoma Urban League Hospitality Kitchen		